

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0116658 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 03/29/2013 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 07/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractor and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 40-year-old male who was involved in a work injury on 3/29/2014. The injury was described as a claimant was getting out of his patrol vehicle when he began to experience lower back pain and spasm. The claimant underwent a course of 8 physical therapy treatments from 8/19/2013 through 9/10/2013 at the request of [REDACTED], orthopedist. On 12/16/2013 the claimant was evaluated by [REDACTED] for complaints of lower back pain. The report indicated that "the patient is unable to sit in a hard chair for more than 10 minutes. He notes he has numbness in the anterior left side." The claimant was diagnosed with lumbar disc displacement, sciatica, cervical brachial syndrome, and neuralgia. The recommendation was for 6 chiropractic treatments. Following completion of the 6 treatments the claimant was determined to be permanent and stationary in January 2014. On 3/25/2014 claimant was reevaluated by [REDACTED] for complaints of lower back pain. The provider stated that the claimant has "tried to exercise and has lost weight. He continues to work full duty. Chiropractic treatments have helped and I am requesting 6 additional visits." The claimant was diagnosed with lumbar intervertebral disc displacement without myelopathy, degeneration of lumbar intervertebral disc, low back pain, and lumbar sprain. The requested 6 treatments were certified by peer review. On 4/22/2014 the claimant was reevaluated by [REDACTED]. This report was signed on 6/18/2014. The report indicated that "the patient has responded well to chiropractic care and notices instant relief after the treatment." The 5/28/2014 [REDACTED] reevaluated the claimant for complaints of occasional lower back pain which is improving with the chiropractic care. This report was also signed on 6/18/2014. The request was for 6 additional chiropractic treatments. This request was denied by peer review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional chiropractic treatment 1x6; low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Therapeutic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

**Decision rationale:** The claimant underwent a course of chiropractic treatment beginning December 2013 that noted overall improvement. The claimant was then given a permanent and stationary status and released to full duty work in January 2014. The claimant then returned on 3/25/2014 complaining of lower back pain. A course of 6 treatments was initiated. A re-examination was performed on 4/22/2014 that noted that the claimant "was responding well to chiropractic care and notices instant relief after the treatment." On 5/28/2014 [REDACTED] reevaluated the claimant and he noted occasional "lower back pain which is improving with the chiropractic care." However, there was no quantification of this improvement. A comparison of the 5/28/2014 in 4/22/2014 examinations revealed no quantifiable subjective, objective, or functional improvement. Medical treatment utilization schedule guidelines, page 58, indicate that there must be documented functional improvement in order for additional treatment is considered appropriate. Given the absence of documented lasting functional improvement following the 12 most recent treatments beginning March 2014, the medical necessity for the requested continued treatment at one time per week for 6 weeks was not established.