

<b>Case Number:</b>	CM14-0153736		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Chiropractic 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 patient is a 36 year old female who injured her neck, upper back, shoulders, arms, hands, fingers, head and low back on 11/28/2011 as a result of being struck forcefully by another vehicle while driving. The focus in this case is the lower back injury. Per the PTP's report the patient complains of "pain in her upper, mid and lower back. She feels numbness in her back, mostly on the left side. The pain radiates down the bilateral extremities." The patient has been treated with medications, physiotherapies, physical therapy, median branch nerve injection, acupuncture, home exercises and chiropractic care. The diagnosis assigned by the PTP is lumbar radiculitis. An MRI study of the lumbar spine has resulted in an unremarkable study. There is no EMG/NCV study on record. The PTP is requesting 6 chiropractic treatments to the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two (2) times a week times three (3) weeks for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**Decision rationale:** In this case and per the most recent report from the PTP, the patient has been noted to have received prior chiropractic care. The treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. MTUS ODG Low Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The chiropractic treatment records are not present in the records provided. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.