

<b>Case Number:</b>	CM14-0158635		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 43 year old female who injured her neck, left hip and lower back on 4/21/2014 while employed as a nurse's assistant. The chief complaints are reported by the PTP's progress report as "pain in the neck, lower back and left hip." The patient has been treated with medications, physical therapy and chiropractic care. The diagnoses assigned by the PTP are lumbar strain, lumbar radiculitis and lumbar DDD. An MRI study of the lumbar spine has revealed broad based disc bulges at L4/5 and L5/S1. An X-Ray study of the left hip has been negative. The PTP is requesting 12 sessions of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions QTY: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Chiropractic Manipulation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Manipulation Section. MTUS Definitions PAGE 1

**Decision rationale:** This is a chronic case with prior chiropractic treatment having been rendered. The 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." The PTP has exceeded this recommendation and is asking for 12 sessions. The 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. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.