

<b>Case Number:</b>	CM14-0175003		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 27 year old female who injured her lower back on 05/26/2009 as a result of performing repetitive pushing and lifting tasks. Per the treating chiropractor's report symptoms are reported as low back pain and buttock pain with radiation of pain down bilateral legs. Patient has been treated with medications, physical therapy, epidural injections, acupuncture and chiropractic care (29 sessions). Diagnoses assigned by the PTP for the lumbar spine are lumbar disc displacement with radiculitis and degeneration of lumbar or lumbosacral intervertebral disc. MRI of the lumbar spine per the PTP's report showed "central disc protrusion at L5-S1 and L4-5 5-6 mm mild central disc protrusion." An EMG study of the lumbar spine has been negative for lumbar radiculopathy. The PTP is requesting 4 additional chiropractic sessions 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 Treatment, 4 manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**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:** The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. 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." MTUS ODG Low Back Chapter recommends additional chiropractic care for flare-ups 1-2 visits every 4-6 months, "with evidence of objective functional improvement." The 4 chiropractic sessions requested to the lumbar spine are not be medically necessary and appropriate.