

<b>Case Number:</b>	CM14-0021493		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/24/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 53 year old male who was injured on 09/24/2001. Mechanism of injury is unknown. Progress note dated 10/22/2013 documented the patient with complaints of right leg numbness and right posterior leg pain. Then patient reports a pain intensity of 7/10 associated with numbness (which is a tingling type of pain) and that is a chronic problem. Objective findings reveal the lumbar range of motion is decreased. Orthopedic testing is normal bilaterally. There is mild muscle spasm at right SI and moderate spasm at L4. Regions adjusted were right SI, right L5 and sacroiliac. The following assessment was completed: Sciatica without discopathy, Lumbar disc generation, Restricted in joint, decreased range of motion and Paresthesia. UR report dated 01/22/2014 did not certify the request for chiropractic treatment x 12 for the lumbar spine. The date of injury is more than 12 years old and it is presumed that prior conservative care has been provided in the form of an exercise program. Moreover there is limited evidence of re-injury, exacerbation of symptoms or significant progression of symptoms that necessitates additional skilled intervention. At this point, the claimant is expected to be well versed in an independent home exercise program to address remaining deficits. Thus, the medical necessity for the proposed intervention is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT X 12 FOR THE LUMBAR SPINE (PER REQUEST FOR AUTHORIZATION DATED 10/22/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The California MTUS guidelines states, chiropractic care is suggested for chronic pain if caused by musculoskeletal conditions. From the medial records submitted for review it appears this case is 12 years old. The request appears to be the patient's first trial of chiropractic care. If this is the case, there must be an AME/QME report with recommendations for future medical care. The only way to include new services would be for the AME/QME to revisit the file or have the claim adjuster pre-approve the services. Beyond the issue noted above the guidelines recommend an initial trial of 6 visits over 2 weeks, with evidence of objective functional improvement. Care beyond 6 sessions can be continued if there is documentation of objective functional improvement. The request is for 12 sessions of chiropractic treatment to the lumbar spine, which exceeds the guidelines recommendation of initial and is not medically necessary.