

<b>Case Number:</b>	CM14-0030519		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/07/2004
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 41 year old female who was injured on 09/07/2004. The mechanism of injury is unknown. Progress report dated 02/21/2014 indicated the patient presents with complaints of constant achy pain which she rated as a 9/10 with low back pain that radiated to the left lower extremity. On exam, Lumbar- Fix 40/90, Ext 5/30, left lat flexion 5/30, and right lateral flexion 5/30. There is +3 tenderness and spasm noted at LI-S2 paraspinous, lumbar paravertebral muscles, SI joints, and quadratus lumborum. Kemps was bilaterally causes pain. Braggard was positive on the left. Deep tendon reflexes were +2. Myotome was within normal limits. She does have hypoesthesia left lower extremity. Diagnoses are displacement intervertebral disc site, lumbosacral sprain/strain, thoracic region sprain/strain. The treatment and plan included spinal manipulation, myofascial release, EMS and infrared 3 times per week for 4 weeks. Prior utilization review dated 03/03/2014 states the request for Chiropractic treatment 3 times a week for 4 weeks is denied. There is a limited documented history showing functional improvement from this treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** The original date of injury for this patient is 09/07/2004. The request is for 12 Chiropractic visits 3x4 to the lower back. The date of this injury is far beyond the CA MTUS guidelines for expected improvement utilizing Chiropractic care. As per Guidelines, chiropractic care for Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The guidelines also state if manual therapies are to be utilized they should be utilized within the first 2 weeks from injury date with the intended goal to elicit improvement in the patient's functional capacity with ultimate goal of transitioning to a HEP and RTW. There is no documentation found within the records outlining a specific goal for anticipated functional improvement in the patient's condition as mandated by the guidelines, nor can any documentation be found outlining specific improvements in functional capacity having been derived from previous treatment. Per CA MTUS guidelines, decision for Chiropractic treatment 3x4 (12 visits) is not medically necessary.