

<b>Case Number:</b>	CM14-0041106		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 65 year old male who injured his lower back on 12/5/2012 while performing his duties as a bus driver. The chief complaints are reported by the PTP as follows: "The patient presents today reporting constant low back pain rated an 8 (1-10) with activities. The patient reports having radiating pain down to both legs." The patient has been treated with medications, home exercise program, physical therapy and chiropractic care (24 sessions to date). The diagnoses assigned by the PTP are lumbar sprain/strain with radicular complaints, lumbar discopathy and spinal stenosis. An MRI study of the lumbar spine has revealed L5-S1 marked left and moderate foraminal stenosis from diffuse disc/osteophyte complex and a small L4-5 central disc protrusion without significant stenosis. EMG study is positive for chronic bilateral L5 nerve root irritation. The PTP is requesting 8 additional 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:

**Additional chiropractic treatment 2 times a week for 4 weeks for lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Chapter, Manipulation Section.

**Decision rationale:** This patient has completed 24 chiropractic sessions to date. However, this cap is a soft cap and additional care can be authorized by the carrier if medically necessary. 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." 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." In this case, 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 physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. Therefore, the request for 8 chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.