

<b>Case Number:</b>	CM14-0069059		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 55 year old female who injured her right knee, right hip, right hand, right shoulder, neck and lower back on 5/31/2013 as a result of a motor vehicle accident, while performing her duties as a bus driver. Per the initial hospital visit notes the subjective complaints are bilateral hand pain, elbow pain, neck pain, right knee pain and right shoulder pain. There are no complaints for the lower back. The PTP lists the subjective complaints as pain in L/S radiates to B/L legs and knees then shoots to B/L feet numbing. The patient has been treated with medications, acupuncture, physical therapy, hot/cold packs and chiropractic care. The diagnoses for the lumbar spine as assigned by the primary treating physician are lumbar radiculitis and lumbar sprain/strain. An MRI study results are not available in the records as they have been requested and pending. X-ray studies of the lower back have been reported as negative per records reviewed. There are no EMG/NCV studies available for review in the records provided. The PTP is requesting 10 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 visits 2 X 5 for low back:** Upheld

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

**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:** The patient has received chiropractic care for her current injuries. The MTUS ODG low back chapter recommends additional chiropractic care up to 18 visits, with evidence of objective functional improvement. Objective functional improvement does not exist in the records provided, with the previously rendered care. 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 past chiropractic records do not exist in the records provided. Given these circumstances I find that the 10 chiropractic sessions to the lower back to not be medically necessary and appropriate.