

<b>Case Number:</b>	CM14-0080036		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 a licensed Chiropractor 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 43 year old female who injured her neck, mid back and lower back on 3/12/2011 while performing her duties as a flight attendant. Per the physical therapist's report the patient complains of right hip pain and tenderness limiting range of motion and strength. The patient also complains of neck, mid back and low back pain. The patient has been treated with medications, home exercise program, massage therapy, chiropractic care and physical therapy. Diagnoses assigned by the PTP are listed as lumbar sprain, thoracic sprain, piriformis muscle dysfunction and right greater trochanter bursectomy. There are no lumbar diagnostic imaging studies in the materials provided for review. The PTP is requesting 12 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 4xMo x 3 Mo Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**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 and Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

**Decision rationale:** The treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The MTUS, and the 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." The PTP describes some Improvements with treatment but no objective measurements are listed. The chiropractic treatment records are not present in the materials provided for review. The requested number of treatments is far in excess of the MTUS recommendations. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.