

<b>Case Number:</b>	CM14-0081665		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Board Certified in Chiropractic, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 injured worker is a 47 year old individual with an original date of injury of 10/8/12. The patient had a Lumbar MRI on 1/20/13 which reported degenerative disc disease at L5-S1 with extruded disc material within the left lateral recess causing mild deformity of the thecal sac and stenosis of the left lateral recess, mild diffuse spondylosis and mild right foraminal stenosis at L4-5. The injured worker has undergone 10 approved chiropractic treatments with no documentation of long-term objective functional improvement being provided by these treatments. The disputed issue is a request for 12 chiropractic physiotherapy treatments for the lumbar spine. An earlier medical review made a modified determination regarding this request to allow 8 additional treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of chiropractic physiotherapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60.

**Decision rationale:** The California MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Regarding recurrences and flare-ups: Re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months. There is no documented long-term objective functional improvement from the previous 10 treatments. The request for 12 chiropractic physiotherapy treatments for the lumbar spine is not medically necessary.