

<b>Case Number:</b>	CM14-0086116		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 56 year old female who injured her lower back on 03/01/2007 while performing her duties as a school bus driver. Per the Primary Treating Physician the patient reports constant sharp on fire pain (she points to the coccyx up to the sacrum). The same sharp pain will radiate across the belt line, right equal to left. With sitting the pain will go up the spine. She has numbness in the left groin, medial thigh and left buttock. The patient has been treated with medications, ESI injections, TENS, acupuncture and chiropractic care. The diagnosis assigned by the primary treating physician for the lumbar spine is lumbago. An MRI study has revealed mild grade I spondylolisthesis of L4 on L5 secondary to facet disease with mild bilateral neural foraminal narrowing. The patient remains off work (last worked 2007). The primary treating physician is requesting 6 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:

**Chiro care x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 California 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. MTUS ODG Low Back Chapter recommends additional chiropractic care for flare-ups with evidence of objective functional improvement. 6 chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.