

<b>Case Number:</b>	CM14-0088511		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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:

This 39-year old female patient had a date of injury on 3/4/2011. The mechanism of injury was not noted. In a progress noted dated 5/16/2014, subjective findings included low back pain with associated leg pain and neck pain. The symptoms are improving. On a physical exam dated 5/16/2014, objective findings included the patient has completed 8 sessions of chiropractic care. There is tenderness of the supraspinatus ligament and the Iliolumbar region. There is decreased sensation on the lateral leg and dorsum of the foot (L5). The diagnostic impression shows low back pain, spinal stenosis of lumbar spine, brachial neuritis. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 5/19/2014 denied the request for Add chiropractic w medex machine x1, lumbar, stating that the patient had worse neurological findings on 5/6/2014 than previously on 3/25/2014, and there is no reassessment report from the chiropractor to demonstrate that the claimant has made functional improvement with prior sessions of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Add Chiropractic w medex machine x12, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. In the 5/16/2014 progress report, there was no documentation of objective functional improvements noted with the previous 8 chiropractic treatments. Furthermore, the 12 additional treatments would exceed the maximum recommended visits of 18, and no clear rationale was provided justifying further treatments. Therefore, the request for additional chiropractic w/ medex machine x12, lumbar, is not medically necessary.