

<b>Case Number:</b>	CM14-0091161		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Acupuncture 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:

Claimant is a 56 year old female who sustained a work related injury on 3/2/2012. Prior treatment includes medication, work modification, physical therapy, acupuncture, and injections. Per a Pr-2 dated 8/18/14, the claimant's low back pain has improved with acupuncture. MRI findings reveal multi-level lumbar disc disease. The claimant has decreased lumbar range of motion, antalgic gait, and decreased dermatomal sensation in L5/S1 distribution. Her diagnoses are lumbar disc disease, left and right lumbar radicular symptoms, bilateral knee pain, bilateral knee arthropathy, bilateral foot pain, post op left foot and ankle reconstruction. She is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six visits of chiropractic treatment for low back pain:** Overturned

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

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

**Decision rationale:** According to evidenced based guidelines, a trial of chiropractic is warranted for low back pain. Further chiropractic after an initial trial is medically necessary based on

functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has not had chiropractic for this injury. A prior review denied treatment based on no functional improvement from chiropractic performed in 2010. The provider is requesting an initial trial of chiropractic. Six sessions of chiropractic are medically necessary as an initial trial.