

<b>Case Number:</b>	CM14-0097437		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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 43 year old patient had a date of injury on 6/23/2013. The mechanism of injury was walking with plates and twisted the left ankle and fell in seated position. In a progress noted dated 5/1/2014, the patient complains of increased levels of lumbar pain.. On a physical exam dated 5/1/2014, the objective findings were illegible. The diagnostic impression shows lumbar disc injury with radiculopathy, internal derangement, chronic left ankle sprain/strain. Treatment to date includes medication therapy, behavioral modification and work conditioning. A UR decision dated 5/27/2014 denied the request for chiropractic 2x/week for lumbar spine, stating that there is no evidence of functional benefit from previous chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two times a week for 4 weeks for the lumbar spine:** Upheld

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

**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

**Decision rationale:** CA MTUS does not address this issue. ODG recommends manipulation in acute low back pain without radiculopathy. If manipulation has not resulted in improvement in

the 1st one to two weeks, it should be stopped and patient reevaluated. In the 5/1/2014 progress report, there was no evidence of functional improvements from previous sessions. Furthermore, there was no clear rationale provided regarding the medical necessity of 8 sessions over 4 weeks for the lumbar spine, when guidelines recommend an initial trial of 1-2 weeks. Therefore, the request for chiropractic sessions 2x/week for 4 weeks was not medically necessary.