

<b>Case Number:</b>	CM13-0006733		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

### 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 55 year old female who injured her lower back on 1/14/2010 while performing her usual and customary duties as city employee. The PTP reports that the patient "continues to experience episodes of back and radiating right buttock, posterior thigh and calf pain. She experiences numbness in her plantar and right lateral foot." The patient has been treated with medications, physical therapy, epidural injection and chiropractic care (18 sessions). The diagnoses assigned by the PTP are degenerative discs at L3-4, L4-5 and L5-S1 and right foraminal and lateral recess stenosis at L4-5 and L5-S1. An MRI study has revealed disc herniations from L1 to S1. The PTP is requesting an additional 12 sessions of chiropractic care to the lower back. The Ur department has denied these treatments based on lack of objective functional gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 VISITS OF CHIROPRACTIC TREATMENTS TO LUMBAR SPINE ( [REDACTED] ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): Manipulation Section. Decision based on Non-MTUS Citation Low Back Chapter

**Decision rationale:** The patient has received 18 sessions of chiropractic care per the records provided. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.