

<b>Case Number:</b>	CM14-0131522		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/18/1992
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 47 year old female who injured her lower back on 12/18/1992 as a result of a slip and fall incident. In his progress report the primary treating physician states "Patient relates continuing lower back pain and left hip pain. The pain is constant and moderate and radiates to the left hip region." The patient has been treated with medications, home exercise program, physical therapy and chiropractic care. The diagnoses assigned by the primary treating physician are disc protrusion, lumbar plexus syndrome and sciatica. An MRI study of the lumbar spine has shown broad based disc bulges at L4-5 and L5-S1. The primary treating physician is requesting 8 additional chiropractic sessions with manual traction to the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy w/ manual traction 1x8 for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 1.

**Decision rationale:** Per the review material provided, chiropractic care has been rendered to this patient in the past. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. 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 ODG Low Back Chapter recommends additional of chiropractic care sessions 1-2 sessions per flare-up over 4-6 months. Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The requested 8 chiropractic sessions with manual traction to the lower back are not medically necessary.