

<b>Case Number:</b>	CM14-0138544		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 male who injured his lower back on 12/22/2005 as a result of a slip and fall incident. In his progress report the primary treating physician lists the chief complains as follows: " symptoms same, left lower extremity pain, tingling in right plantar foot.left hip pain."The patient has been treated with medications, home exercise program, physical therapy, surgery (2006), epidural injections, work hardening program and chiropractic care. The diagnoses assigned by the primary treating physician are low back pain and lumbar radiculopathy. An MRI study of the lumbar spine has been performed per the UR review notes but the study itself was not provided in the records.The PTP is requesting 12 additional chiropractic sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Manipulation Section; MTUS Definitions Page 1

**Decision rationale:** From the very limited records available in this case the existence of prior chiropractic care is not clear. This is a 2005 chronic injury. There are no prior chiropractic treatment records in the materials submitted for review. If chiropractic care has been rendered in the past, the PTP's notes present in the records do not show objective functional improvement with ongoing care. The 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." If chiropractic care has never been rendered and this is a request for an initial run of 12 sessions of care, The MTUS ODG Low Back Chapter recommends an initial trial of 6 sessions to be rendered over 2 weeks and this request exceeds that recommendation. I find that the 12 chiropractic sessions requested to the lumbar spine are not medically necessary and appropriate.