

<b>Case Number:</b>	CM14-0190507		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Chiropractic Sports Physician 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 injured worker is a 53 year old female who was injured on 3/30/11 when she slipped and fell on wet floor. This caused injuries to her right hip and low back as well as right knee pain and bilateral feet tingling. Her diagnosis are labral tear of the right hip, right gluteal tear and lumbar discopathy with radiculitis. MRI's of the lumbar spine and right hip confirmed these diagnosis. The lumbar spine also revealed a complication of a moderate levoscoliosis. On 8/28/14 NCV/EMG studies revealed chronic L5 nerve root irritation bilaterally. According to the records despite surgery on the right hip the patient still suffers from the labral tear which has actually increased. Prior treatment has consisted of medications, surgery, physical therapy and chiropractic. The amount of care and how the patient responded to the treatment is not well documented. The doctor is requesting 12 chiropractic visits over 6 weeks for 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 visits over 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. 12 visits over 6 weeks is not according to the guidelines and is therefore not medically necessary. Also, the amount of previous care and how the patient responded to care needs to be documented using objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities.