

<b>Case Number:</b>	CM14-0193709		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 injured worker is a retired 60 year old female who sustained work related injuries to her right knee, upper extremities and lower back on July 13, 2011 while performing her duties as a licensed vocational nurse. Per the PTP's progress report the patient complains of "constant low back pain with radiation of pain, numbness, and tingling down the posterior portion of the bilateral lower extremities." The patient has been treated with medications, chiropractic care and physical therapy. The physical examination was noted to show diffuse swelling in both knees, with spasm and guarding at the base of the lumbar spine. The Physician noted the diagnosis as lumbar spondylosis. An X-ray study of the lumbar spine has shown spondylosis of L5 bilaterally and diffuse degenerative changes in the lumbar spine. The PTP is requesting an initial trial of 12 sessions of chiropractic care. Upon denial of these 12 sessions the PTP appealed the UR decision and modified his request asking for 6 sessions of chiropractic care which now have been approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for low back, quantity: 12,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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

**Decision rationale:** Per the review materials provided the PTP requested an initial trial run of 12 sessions of chiropractic care to the lumbar spine. Upon denial of these initial 12 sessions the PTP appealed the UR decision, modifying his request and asked for 6 sessions of chiropractic care. The UR has now approved the 6 sessions for this patient. For the purpose of this review, the PTP is challenging the denial of his initial request for a trial run of 12 sessions. The MTUS ODG Low Back Chapter recommends a trial of chiropractic care 6 sessions over 2 weeks. Based on this recommendation by The MTUS and as 6 trial sessions have already been approved, I find that the 12 chiropractic sessions requested lower back to not be medically necessary and appropriate.