

<b>Case Number:</b>	CM14-0193792		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<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 patient is a 34 year old female who suffered a work related injury on 02/10/2012 while attempting to change a copy machine cartridge. Per the PTP's progress notes the subjective complaint is "low back pain with referred pain down the right lower limb. Treatments have included medication, L4-5 ESI injections, physical therapy, chiropractic care, 3 month gym membership and home exercise program. An MRI study has shown disc degenerations at multiple levels, neural foraminal narrowing at L5-S1 with broad based disc bulges at L4-5 and L5-S1. The diagnoses assigned by the PTP are axial low back pain and bilateral radiculopathy. She continues to work full time. The treatment request is for 6 chiropractic sessions to the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

**Decision rationale:** Per the review material provided, chiropractic care has been rendered to this patient in the past. Records of prior chiropractic care provided in the review materials do not show objective functional improvement as defined by The MTUS. Several reports produced by the treating chiropractor were reviewed. Range of motion studies were documented and remained the same through several treatment sessions. The patient also received epidural injection in conjunction with 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 ODG Low Back Chapter recommends 1-2 sessions of chiropractic care sessions over 4-6 months for flare-ups. Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The requested number of 6 sessions exceeds those recommended by The MTUS. The 6 chiropractic sessions requested to the lower back are not medically necessary and appropriate.