

<b>Case Number:</b>	CM14-0197451		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Chiropractor (DC), has a subspecialty in Acupuncture 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:

Claimant is a 60 year old male who sustained a work related injury on 8/1/2013. Six chiropractic sessions were certified on 9/6/2014. Per a PR-2 dated 11/20/2014, the claimant has low back pain that radiates to the left leg and numbness and tingling. There is decreased range of motion in the lumbar spine with spasm and tenderness with positive straight leg raise on the left. His diagnoses are lumbar spine discopathy. The provider states that chiropractic helped. Per a PR-2 dated 9/25/2014, the claimant's low back pain is improving with chiropractic care. Prior treatment includes physical therapy, aquatic therapy, chiropractic and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment, 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute; [www.odg-twc.com](http://www.odg-twc.com), Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. However, the claimant did already have a trial of treatments with only subjective improvement. Without documented objective functional improvement, further chiropractic visits are not medically necessary.