

<b>Case Number:</b>	CM14-0202077		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/06/2002
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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) 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 33 year old female who reported low back pain from injury sustained on 09/06/02. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with chronic low back pain, status post fusion; chronic stable lumbar radiculopathy; and myofascial pain. Patient has been treated with medication, therapy, acupuncture and chiropractic, spinal fusion surgery. Per medical notes dated 11/05/14, patient has completed 12 sessions of chiropractic treatment with reports of improvement. Patient reports decreased pain and muscle twitches. Her gait is better and she does not have much fatigue in her legs. She is able to walk for couple of hours. Patient is unable to tolerate sitting, bending and stooping. Examination revealed myofascial tightness in gluteus medius, gluteus maximus and right iliotibial band. The request is for additional chiropractic treatment to work on muscle tightness and functional restoration, specifically to increase her sitting and standing. The request was non-certified by the utilization review on 11/21/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Chiropractic sessions (lumbar):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability

Guidelines - Treatment for Workers' Compensation, Low Back Procedure Summary last updated 08/22/2014; ODG Chiropractic guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments. Clinical notes fail to document any functional improvement with prior care. Provider requested additional 1 times 6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of chiropractic. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 1 times 6 chiropractic visits are not medically necessary.