

<b>Case Number:</b>	CM14-0211560		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/03/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Board Certified 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 patient is a 62 year old female who injured her lower back on 08/03/2003 while performing her usual and customary duties as a grocery store bookkeeper and clerk. The mechanism of injury is a slip and fall. The PTP reports that the patient complains of "low back pain which radiates into both legs, left greater than right." The patient has been treated with medications, physical therapy, acupuncture, epidural injections, aqua-therapy and chiropractic care. The diagnosis assigned by the PTP is lumbar spine sprain/strain with radicular complaints. An MRI study of the lumbar spine has revealed 2 mm disc protrusions at L1-2 and L2-3, 3 mm protrusion at L4-5 and L5-S1. The PTP is requesting an additional 8 sessions of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Treatment for the Lumbar Spine (2 times a week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**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. Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

**Decision rationale:** The patient has a chronic injury to her lower back. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The number of sessions requested far exceed the MTUS recommendation. Objective functional improvement has not been evidenced. The 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 PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.