

<b>Case Number:</b>	CM14-0212372		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/23/1991
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 66 year old female who reported low back pain from injury sustained on 05/23/91 while assisting a patient. Exact mechanism of injury was not documented in the provided medical records. The patient is diagnosed with lumbago, multilevel degenerative disc disease, disc bulge, foraminal and spinal stenosis. The patient has been treated with medication, epidural injection, physical therapy, and chiropractic. Per medical notes dated 10/14/14, patient underwent epidural injection with no relief of left buttock or thigh pain. Per medical notes dated 11/14/14, the patient continues with left sided low back pain. She reports no benefit with trial of cymbalta. Pain is reported as sharp over the left low back with radiating pain into the buttock and thigh. Pain is rated 7/10. She states she obtained significant relief with chiropractic. Examination revealed straightening of lumbar spine with tenderness to palpation over the L4 and sacrum and tenderness over the left trochanteric bursa. The provider requested an additional 8 chiropractic treatments which were modified to 4 by the utilization review on 11/25/14. 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:

**Chiropractic Manipulation (8-sessions):** Upheld

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

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

**Decision rationale:** The patient has had prior chiropractic treatments. Per medical notes dated 11/14/14, "she obtained significant relief with chiropractic." The provider requested additional 8 chiropractic sessions for lumbar spine which were modified to 4 sessions by the utilization review on 11/25/14. 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. 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, 8 Chiropractic visits are not medically necessary.