

<b>Case Number:</b>	CM15-0108404		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Chiropractic

### 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 44 year old female who sustained a work related injury March 17, 2003. According to a physician's office visit notes, dated April 22, 2015, the injured worker presented with increased low back pain, rated 5/10 with medication and 8/10 without medication. She reports the regime of medication, rest, and activity restrictions keeps the pain manageable. Current medication included Norco, Neurontin, Lidoderm patch; ibuprofen, and Tramadol. Physical examination of the cervical spine revealed range of motion restricted by 10% on all planes, extension causes the most pain and over 75% restricted. The lumbar spine flexion is 30% restricted, extension 75% restricted, lateral bending 40% restricted and positive straight leg raise bilaterally. Neurological examination revealed hypoesthesia/dysesthesia bilateral posterolateral legs. Diagnoses are lumbago; displacement of lumbar intervertebral disc without myelopathy; spasm of muscle; chronic pain syndrome. At issue, is the request for authorization for 6 additional sessions of chiropractic treatment to the lumbar spine. The UR department has modified the request and approved 4 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 3 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines also recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and approved 4 additional sessions. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.