

<b>Case Number:</b>	CM15-0197168		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 40 year old female, who sustained an industrial injury on 10-13-10. The injured worker is diagnosed with low back pain, lumbar spondylosis. Her work status is temporary total disability; permanent and stationary. Notes dated 8-20-15 - 9-17-15 reveals the injured worker presented with complaints of low back pain and decreased activity level. She also reports sleep disturbance. Physical examination dated 8-20-15 - 9-17-15 revealed an altered gait and restricted lumbar spine range of motion. There is tenderness and tight muscle bands to palpation noted at the lumbar paravertebral muscles. She is unable to heel-toe walk, the supine straight leg raise test is positive on the right side and there is tenderness noted over the sacroiliac spine. Treatment to date has included medications, which reduce her pain from 7 out of 10 to 2 out of 10 and allows her to engage in activities of daily living per notes dated 9-17-15 and 8-23-15 and chiropractic care. She is utilizing hot-cold therapy, home exercise program, and a lumbar support brace. She reports previous chiropractic therapy provided "several days" of pain relief per note dated 9-17-15. A request for authorization dated 9-21-15 for chiropractic treatment of the low back (12 sessions) is non-certified, per Utilization Review letter dated 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the low back, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past per the PTP's progress report. The past chiropractic treatment notes are not present in the materials provided. 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 recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also 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 12 requested sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine are not medically necessary or appropriate.