

<b>Case Number:</b>	CM15-0199466		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 36 year old female who sustained an industrial injury on 3-1-14. A review of the medical records indicates the worker is undergoing treatment for headaches, lumbar spine musculoligamentous strain-sprain with radiculitis, lumbar spine disc herniation (per MRI 9-3-14), status post lumbar fracture (L1-L4) transverse processes, left hip strain-sprain and trochanteric bursitis, sleep disturbance secondary to pain and depression- situational. Subjective complaints (8-5-15) include headaches, lower back and left hip pain. Headaches are rated at 7-8 out of 10 (6 out of 10 previous visit), lower back pain is rated at 5 out of 10 (unchanged since the previous visit), and the left hip pain is rated 5 out of 10 (7 out of 10 on the previous visit). The worker notes "physical therapy helps decrease her pain and tenderness." Objective findings (8-5-15) include grade 2 tenderness to palpation over the lumbar paraspinal muscles and left hip (grade 3 on previous visit) and restricted range of motion. Disability status is temporary total disability from 8-5-15 until 9-16-15. Previous treatment includes at least 24 sessions of physical therapy, medication, and chiropractic treatment. The requested treatment of continued chiropractic treatment 3 times a week for 4 weeks for the back and hip was non-certified on 9-21-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Chiropractic Treatment Three (3) Times a Week for Four (4) Weeks for the Back and the Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Hip/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her hip and 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 recommends additional care with evidence of objective functional improvement. The ODG Low Back and Hip Chapters 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 hip and lumbar spine to not be medically necessary and appropriate.