

<b>Case Number:</b>	CM15-0209525		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 67 year old female, who sustained an industrial injury on 3-03-2008. The injured worker is being treated for lumbosacral neuritis-radiculitis and degeneration of lumbosacral or lumbar disc. Treatment to date has included physical therapy, and 5 chiropractic visits between 5-02-2014 and 5-16-2014 and 13 chiropractic visits between 3-20-2015 and 6-26-2015. Per the Chiropractic note dated 5-16-2014 the IW rated her pain as 6 out of 10. Per the handwritten Primary Treating Physician's Progress Report dated 3-20-2015, the injured worker presented for reevaluation of the lower back. She reported 10 out of 10 pain. Pain is disrupting her sleep; she awakens if she moves at all. Stretches and rest are not working for the current episode. Objective findings included all ranges of motion with pain, there was positive Kemps and straight leg raise. Per the chiropractic notes dated 5-02-2014 to 5-16-2014, her pain level decreased over 5 visits from 10 out of 10 at the first visit to 6 out of 10 at the last visit. However, there is no documentation functional improvement in symptoms, or increase in activities of daily living attributed to chiropractic care. Per the chiropractic note dated 3-20-2015, she rated her pain as 10 out of 10. Per the chiropractic note dated 6-26-2015, she rated her pain as 5 out of 10. Again, there is no documentation functional improvement in symptoms, or increase in activities of daily living attributed to chiropractic care. The plan of care included additional chiropractic care and authorization was requested for 5 additional chiropractic visits for the lumbar spine. On 10-13-2015, Utilization Review non-certified the request for 5 additional chiropractic visits for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective - 5 Chiropractic visits for the lumbar spine between 5/2/14 and 5/16/14:**  
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. 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. However, the records indicate that the patient has received 13 sessions of chiropractic care in 2015. Regardless, the treatment records submitted for review do not show objective functional improvement with past the chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommend 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 time elapsed between the last chiropractic care sessions received and the new request is 2 months. The MTUS recommends 1-2 additional sessions over 4-6 months. I find that the 5 additional retroactive chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.