

<b>Case Number:</b>	CM14-0185217		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is licensed in Chiropractic & Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 57 year old female who sustained a work related injury on 1/14/2004. Prior treatment includes acupuncture, physical therapy, chiropractic, and medications. According to a prior UR review, the claimant has had at least 9 sessions of chiropractic with at least 3 sessions approved on 3/10/14. Per a PR-2 dated 10/21/2014, the claimant's acupuncture is still not authorized. She continues to have pain in the back with numbness to the left leg. She notes some acute spasm of the left lumbar spine paraspinal muscles. She has not had chiropractic in over a year. Her diagnoses is myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy. She is not working. Per a PR-2 dated 5/28/2014, the claimant has finished chiropractic with some benefit. There were no changes in work restrictions since before she started chiropractic on 4/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Chiropractic visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Manipulation Updated 08/22/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments this year with no significant improvement. Therefore further visits are not medically necessary.