

<b>Case Number:</b>	CM13-0059968		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 46 year old female, who sustained an industrial injury on 11/14/11. On 12/2/14, the injured worker submitted an application for IMR for review of Chiropractic 2x wk x6 wks Lumbar Spine. The treating provider has reported the injured worker complained of low back pain with continued tenderness. The diagnoses have included Lumbar Disc Herniation, cervical myofascial pain, multilevel disc protrusion, bilateral carpal tunnel syndrome. Treatment to date has included EMG/NCS (6/4/13), MRI Lumbosacral Spine with 3D Study (5/9/13), chiropractic care, X-rays, MRI neck (5/2012), physical therapy and occupational therapy for hands, acupuncture and physical therapy, medication. On 11/19/2013 Utilization Review non-certified Chiropractic 2x wk x6 wks Lumbar Spine. The MTUS, ACOEM Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x wk x6 wks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58-50. Decision based on Non-MTUS Citation Low Back Chapter MTUS Definitions

**Decision rationale:** This case concerns an injured worker who has sustained injuries to many body regions. The MTUS Chronic pain Treatment Guides recommend an initial trial of 6 sessions of care. If additional care is requested it recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Low Back Chapter also recommends additional care 1-2 sessions over 4-6 weeks with 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." The PTP describes some Improvements with treatment but no objective measurements are listed. It is not clear from the records provided if this is a request for an initial 12 sessions or additional 12 sessions. In either case the request exceeds the initial number recommended by The MTUS. If additional care, the records from the primary treating Physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.