

<b>Case Number:</b>	CM14-0213416		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Chiropractor

### 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 patient is a 50-year-old male who has submitted a claim for lumbar disc herniations at L4 to L5 and L5 to S1 associated with an industrial injury date of January 20, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain and reported improvement with chiropractic treatment. The pain was rated 5/10 in severity and relieved to 2/10 with medications. There was improvement in the lumbar spine range of motion, as well as ambulation for an hour with chiropractic treatment. Physical examination of the lumbar spine showed limited motion, tenderness, positive straight leg raise test on the right and intact neurovascular status. Treatment to date has included 24 visits to chiropractic care, right piriformis injection, physical therapy and medications. The utilization review from November 20, 2014 denied the request for 12 chiropractic treatments for the lumbar spine because the patient had already completed the recommended number of visits for manipulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic treatments for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low back - Lumbar & Thoracic (Acute and Chronic), ODG Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient complained of low back pain and reported improvement with chiropractic treatment. The pain was rated 5/10 in severity and relieved to 2/10 with medications. There was improvement in the lumbar spine range of motion, as well as ambulation for an hour with chiropractic treatment. Physical examination of the lumbar spine showed limited motion, tenderness, positive straight leg raise test on the right and intact neurovascular status. The patient has completed 24 visits to chiropractic care with significant improvements noted. However, there is no discussion why the patient cannot address residual deficits to maintain functional improvement. He has completed extensive number of chiropractic sessions and prolonged treatment with manipulation is not necessary at this time. Therefore, the request for 12 chiropractic treatments for the lumbar spine is not medically necessary.