

<b>Case Number:</b>	CM14-0056850		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 a licensed Chiropractor (DC) 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:

This 50 year old man sustained an industrial injury to his lower back on 11/2/2012 as a result of performing his usual and customary duties as a firefighter. The mechanism of injury was not detailed. Treatment has included oral medications and chiropractic treatment. An X-ray study of the lumbar spine has shown retrolisthesis of L4 on L5. Physicain notes on a PR-2 showed persistent low back pain that is tolerable with modified work instructions and chiropractic treatment. Physical exam showed lower extremity stretch reflexes +1 bilaterally, no motor or sensory deficits to bilateral lower extremities, and 80% range of motion, improved from the last several visits in which range of motion was only noted to be 70-75%. Recommendation include continuing chiropractic treatment for continued low back rehabilitation. The diagnoses assigned by the PTP are acute lumbar sprain/strain and lumbar disc disease/Lumbar L4-5 retrolisthesis. On 3/26/2014, Utilization Review evaluated a prescription for six chiropractic visits for the lumbar spine. The UR physician noted that the worker has already received 14 chiropractic sessions, there is no documentation of an exacerbation of symptoms, and the worker should be well versed in a home exercise program. The PTP is requesting 6 sessions of chiropractic care to the lumbar spine. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for lumbar spine qty: 6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section and on Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

**Decision rationale:** The patient has received 14 sessions of chiropractic care for his low back injury. The PTP's (primary treating physician's) progress reports document objective functional improvement with the past chiropractic care rendered. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW (return to work) 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 MTUS also recommends "total of up to 18 visits over 6-8 weeks." The cap on chiropractic care is 24 visits. 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 documents objective improvements in range of motion and pain levels with past chiropractic treatments. The 6 chiropractic sessions requested to the lumbar spine are medically necessary and appropriate.