

<b>Case Number:</b>	CM15-0174257		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 53 year old female, who sustained an industrial injury on December 21, 2012. Medical records indicate that the injured worker is undergoing treatment for chronic left knee pain and chronic low back pain. The injured workers lumbar condition was note to be permanent and stationary. The injured workers current work status was not identified. Current documentation dated July 23, 2015 notes that the injured worker reported worsening left knee pain. The injured worker was noted to be limping which was increasing her low back pain. The injured worker noted low back pain with sciatica down the left side. The pain was rated 2-3 out of 10 on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness across the lumbosacral junction, lumbar paraspinal spasming and a decreased range of motion. The injured worker had difficulty standing due to left knee problems. Treatment and evaluation to date has included medications, MRI of the lumbar spine, MRI of the left knee, physical therapy, home exercise program, chiropractic treatments and two left knee surgeries. Documentation dated December 10, 2014 notes that the injured worker reported that prior chiropractic treatments were significantly helpful, especially the deep tissue and manipulation. Documentation dated May 28, 2015 references the MRI of the lumbar spine dated 6-20-2014, which showed lumbar degenerative disc changes and multiple bulging discs. Current medications include Norco and Relafen. Current requested treatments include a request for six sessions of chiropractic therapy for the lumbar spine. The Utilization Review documentation dated August 6, 2015 non-certified the request for six sessions of chiropractic therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of chiropractic therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends 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 has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.