

<b>Case Number:</b>	CM15-0075465		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 47-year-old female, who sustained an industrial injury on 9/26/2013. She reported a low back injury from heavy lifting. The injured worker was diagnosed as having lumbar sprain/strain and lumbar myospasm. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, H wave, physical therapy, right sacro-iliac injection and medication management. In a progress note dated 3/27/2015, the injured worker complains of low back pain with pain radiating down the right lower extremity. The treating physician is requesting 6 additional visits of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the lumbar spine 6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The chiropractic treatment records in the materials submitted for review present with findings that do not show objective functional improvement has been achieved with past chiropractic care rendered. The chiropractic records present for review do not consistently show documentation of objective findings with the treatments rendered. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG recommend additional chiropractic care with evidence of objective functional improvement. The ODG Low Back Chapter recommends 1-2 additional 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." MTUS ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There is no objective functional improvement with the past care rendered. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.