

<b>Case Number:</b>	CM13-0006229		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is licensed in Chiropractic 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:

According to the available medical records, this is a 60 year old male patient with chronic low back pain, date of injury is 02/26/2000. Previous treatments include chiropractic, medications, physical therapy and home exercise program. Progress report dated 06/17/2013 by the treating doctor revealed patient with recent increased in lumbar spine pain, denied recent accident or trauma, denied overused which may contribute to increased lumbar spine pain, the patient remained symptomatic despite medications and home exercise. Exam of the lumbar spine revealed tenderness and spasm, positive SLR with increased lumbar spine pain and right LE radiculitis, decreased ROM. Diagnoses include lumbar sp/st with right LE radiculopathy, lumbar disc protrusion. Medications and 6 chiropractic visits with modalities are recommended. The patient returned to usual and customary work. Progress report dated 08/26/2013 by the treating doctor revealed patient reports 65-75% decreased in right LE radicular with chiropractic treatments and daily home exercises. Exam noted positive SLR with increased LBP and bilatera buttock, positive muscle guarding. Medications, OrthoStim IV unit for home use and additional 8 chiropractic visits are recommended. The patient returned to usual and customary work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Chiro Tx to Lumbar - dos: 10/10/00 - 01/22/02 x30 visits, DOS: 4/9/03 - 12/24/03 x22 visits /1/24/04 - 12/29/05 x49 visits, DOS; 1/12/06 - 05/16/06 x9 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** Reviewed of the available medical records show the patient continue to experience persistent lower back pain with radiation to the lower extremity despite medications, chiropractic and home exercise program. However, there is limited evidences of functional deficits and the patient is able to perform his usual and customary work. There is no reason why he can not manage his symptoms with medications and home exercises. Based on CA MTUS guidelines recommendation for 1-2 chiropractic treatments every 4 to 6 months for flares up of chronic low back pain, the request for 30 visits from 10/10/2000-01/22/2002, 22 visits from 04/08/2003-12/24/2003, 49 visits from 01/24/2004-12/29/2005 and 9 visits from 01/12/2006-05/16/2006 are excessive and therefore, not medically necessary.