

<b>Case Number:</b>	CM13-0013633		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Care 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 physician 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:

The claimant is a 31-year-old male who was involved in a work injury on 1/28/2010. According to the treating physicians initial report dated 6/28/2013 by [REDACTED], the injury was described as the claimant "was injured while lifting and twisting a stack of produce and bread." According to this report the claimant sought chiropractic treatment with [REDACTED] until August 2012. On 6/28/2013 the claimant presented to the office of [REDACTED], for an initial evaluation for complaints of lower back pain. The claimant was diagnosed with lumbar discopathy with myelopathy, stiffness/restrictions, myofascitis, myositis, myalgia, and low back pain. The recommendation was for a course of chiropractic treatment at 3 times per week for 4 weeks in addition to physical therapy at 2 times per week for 4 weeks. This request was denied by peer review on 7/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR 4 WEEKS TO THE LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58.

**Decision rationale:** The California MTUS Chronic Pain Treatment Guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, the claimant underwent a course of chiropractic treatment through August 2012. The submitted documentation contains no indication of the claimant's response to the previous course of chiropractic care. Therefore, the requested treatment is not consistent with MTUS guidelines and is noncertified.