

<b>Case Number:</b>	CM13-0016483		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Chiropractics 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 23 year old male patient with chronic lower back pain, date of injury 07/06/2012. The previous treatments include medications, chiropractic; there is no other treatments records available. The only progress report available dated 06/18/2013 by the treating doctor revealed lumbar pain 8/10 radiating to knees. The exam revealed positive straight-leg-raise, positive Kemp's, positive Braggard, positive Nachlas, restricted range of motion, +4 muscle tenderness. The diagnoses include r/o lumbar herniated nucleus pulposus and sciatica. The six chiropractic therapy along with EMG/NCV and spine consult with specialist requested. The patient was to return to work with seated work only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SESSIONS CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE: ONCE A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-59.

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

**Decision rationale:** The available medical records noted this patient has had chiropractic treatment recently, however, there is no document of objective functional improvement, no number of visits available. The CA MTUS guidelines only recommend 1-2 visits every 4-6 months for flare-up of chronic low back pain. Therefore, the request for 6 sessions of chiropractic for the lumbar spine is not medically necessary.