

<b>Case Number:</b>	CM13-0025323		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/28/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Board Certified 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 46 years old male patient with chronic low back pain, date of injury 07/28/2002. Previous treatments include physical therapy, medications, chiropractic, topical cream and modified activities. Progress report dated 08/05/2013 by the treating doctor revealed flare up of low back pain, constant, localized pain at L5/S1, 3-4/10 with medications and 7/10 without meds, pain limits ADLs. Exam noted positive Kemps for LBP, gait was slightly altered due to pain, paraspinal muscle spasms/trigger points over bilateral quadratus lumborum, lumbar AROM is moderately restricted and painful at end ranges. Diagnosis is lumbar facet syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care visits one to two times per month for 6-8 months, total of 18 visits.:**  
Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend 1-2 visits every 4-6 months for flare up of chronic low back pain. The request for 1-2 visits a month for the next 6-8 months exceeded the guideline recommendations and therefore, the request is not medically necessary.