

<b>Case Number:</b>	CM13-0026048		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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:

According to the available medical records, this is a 60 year old female patient with chronic hips and low back pain, date of injury 09/14/2010. The previous treatments include chiropractic, medications, injections, physical therapy. The progress report dated 07/16/2013 by [REDACTED] revealed persistent low back pain that only mildly relieved with medication; lumbar spine paravertebral muscles tender and spasm, bilateral greater trochanters are tender to palpation; impression: lumbar radiculopathy and bilateral greater trochanteric bursitis; patient work status is temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**chiropractic sessions three times a week for four weeks:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend a trial of six visits over 2 weeks with evidence of objective functional improvement for chronic low back pain. The available medical records show this patient has had chiropractic treatments before but there are

no records of functional improvement and the request for 12 visits over 4 weeks exceeded the guideline recommendation, therefore, it is not medically necessary.