

<b>Case Number:</b>	CM13-0030688		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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.

### 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 medical records, this is a 46-year-old male patient, with chronic low back pain, and a date of injury of 03/08/2012. Previous treatments include medications, injection, and physical therapy. A report dated 09/05/2013, by [REDACTED], revealed low back pain on the left side, with radiation of pain on the anterior aspect of his left lower extremity that extends to the left foot, intermittent numbness at the dorsum of his right foot, prolong sitting or standing that aggravates his symptoms, right hip pain, with numbness along the anterior aspect of his right that occurs with lying down. The pain is rated 4/10; an exam revealed that the patient is well-developed, well-nourished and in no cardiorespiratory distress, no tenderness upon palpation on the right greater trochanteric bursa; and diagnosis include disorders sacrum and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments twice a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines recommend chiropractic manipulation as therapeutic for chronic low back pain with a trial of 6 visits over 2 weeks, with evidence of

objective functional improvement. The request for chiropractic treatment twice a week for 6 weeks exceeds the guideline recommendation and therefore, is not medically necessary.