

<b>Case Number:</b>	CM13-0033862		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Chiropractor and is licensed to practice in Texas. 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:

The injured worker is a 46 year-old male with a reported date of injury on 04/06/2013; the mechanism of injury was a lifting injury. The current diagnosis is 847.2- lumbar sprain and strain. The injured worker reported continued intermittent low back pain with pain radiating into the buttocks, right greater than left. The most recent clinical note dated 08/02/2013 indicated the injured worker complained of pain in the lumbar spine region and rated 8/10. Upon examination the injured worker had decreased range of motion to the lumbar spine with pain. The provider recommended continued chiropractic care. Electrodiagnostic testing was performed on 10/11/2013 which indicated there was no electrodiagnostic evidence of lumbar radiculopathy, bilaterally. The current request is for chiropractic sessions of the lumbar spine, once a week for six (6) weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY ONCE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines note manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal pain. The intended goal is to achieve positive symptomatic or objective measurable gains in functional improvement. The guidelines recommend a total of up to 18 sessions of chiropractic over 6-8 weeks for the low back. The documentation fails to indicate how many previous sessions of chiropractic care the injured worker has received and whether the injured worker experienced measurable functional improvements during the course of prior care. Additionally, it was unclear if the injured worker had remaining deficits. Therefore, the request for chiropractic sessions of the lumbar spine, once a week for six (6) weeks is non-certified