

<b>Case Number:</b>	CM13-0035535		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Care 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 patient is a 53-year-old female who reported an injury on 01/22/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with left ankle contusion, lumbar sciatica, disorder of sleep and arousal secondary to non-restorative sleep, and weight gain of 19 pounds secondary to reduced activity. A request for authorization was submitted by [REDACTED] on 09/19/2013. However, the only physician progress report submitted by [REDACTED] for this review is documented on 06/18/2013. The patient was working full time without restrictions. The patient has been treated with physical therapy. The patient reported lower back pain with left lower extremity numbness. Physical examination revealed positive straight leg raising, 1+ and symmetrical deep tendon reflexes, decreased sensation to light touch at the dorsum of the foot, and normal muscle testing. Treatment recommendations at that time included authorization for a consultation and epidural steroid injection into the lumbar spine as well as a return to physical therapy twice per week for 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT CHIROPRACTIC TREATMENTS, TWO TIMES A WEEK FOR FIVE WEEKS, FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58.

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

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Therefore the current request for 10 sessions of chiropractic therapy exceeds guideline recommendations. As such, the request is non-certified.