

<b>Case Number:</b>	CM13-0036000		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 licensed in Chiropractic, has a subspecialty in Chiropractic Sport 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:

The injured worker is a 31 year old female who reported low back pain after removing a shelf from a shelving unit while kneeling on the floor. Her symptoms consisted of low back pain with radicular symptoms to the left side. Past treatment has included medication, physical therapy, and chiropractic manipulation. She has responded well to chiropractic manipulation for past exacerbations. Lumbar spine MRI on 01/28/2013 revealed: (1) L3-L4 disc dessication with 1-2mm diffuse posterior disc bulge with a post mid sagittal annular tear. (2) L4-L5 disc dessication with 1-2mm diffuse posterior disc bulge. Doctor requesting chiropractic adjustment times 2 times per week for 4 weeks equals 8 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Outpatient additional chiropractic eight treatments consisting of chiropractic adjustments, myofascial release, and mechanical traction to lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment (Manual Therapy & Manipulation) and Treatme.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 and 59.

**Decision rationale:** According to the guidelines, recommended for chronic pain if caused by musculoskeletal conditions. Low back: trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Therefore additional chiropractic eight treatments consisting of chiropractic adjustments, myofascial release, and mechanical traction to lumbar is not medically necessary and appropriate.