

<b>Case Number:</b>	CM13-0042891		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. 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 47 year old male patient with chronic lower back pain, date of injury 06/10/2008. Previous treatments include medications, chiropractic, physical therapy, injection, acupuncture and home exercise program. Progress report dated 09/17/2013 by [REDACTED] revealed patient lower back feels like a band on the left lower back that feels as if it is going to "break" when he transfer between a sitting and a standing position; exam noted tenderness to palpation in the left lumbosacral paralumbar muscles; diagnoses include low back pain with disk herniation, lumbar radiculopathy and right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xwk x 4 wks lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS guidelines recommended manipulation for chronic pain if caused by musculoskeletal conditions a trial of

6 visits over 2 weeks with evidences of objective functional improvements; states guideline suggest 4 to 6 treatments to produce effect. The request for chiropractic 2x per week for 4 weeks exceeded the guideline recommendation and therefore, is NOT medically necessary.