

<b>Case Number:</b>	CM13-0043404		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, 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 patient is a 64 year old male who suffered a closed head injury and also injured his lower back on 5/7/2007. Per the primary treating physician's report, the subjective complaints include low back pain which radiates down the bilateral lower extremities down the posterior buttock, posterior thigh, and posterior calf to involve both the top and bottom of the feet. Furthermore, the primary treating physician reports that the patient is dependent on a walker which he has borrowed from friend. The patient has been treated with medications, physical therapy, epidural injection, functional restoration program, and psychotherapy for pain control. Diagnoses assigned by the primary treating physician include lumbar degenerative disc disease and lumbar radiculopathy. The qualified medical examiner has assigned diagnoses of lumbar discogenic syndrome, lumbar radiculitis and lumbar IVD displacement without myelopathy. MRI study of the lumbar spine without contrast has shown disc desiccation at L2-3, L3-4, L4-5 and L5-S1 with foraminal stenosis on the right side moderate to severe at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT FOR 6 SESSIONS TO THE LUMBAR SPINE:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** There are no chiropractic treatment records nor any mention of prior chiropractic care in the materials submitted for review. Based on this and no mention of prior chiropractic care in the records provided, it is assumed that the patient has never received chiropractic treatment to the low back. The MTUS Chronic Pain Medical Treatment Guidelines recommend manipulation for the low back in a trial of 6 visits over 2 weeks. As such, the 6 chiropractic sessions requested are medically necessary and appropriate.