

<b>Case Number:</b>	CM13-0044939		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in Chiropractic Care 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:

According to the available medical records, this is a 34 year old female patient with chronic low back pain, date of injury 08/30/2012. Previous treatments include medications, injection, lumbar bracing, chiropractic and work modifications. Progress report dated 09/03/2013 by [REDACTED] revealed diminution in pain and improved tolerance to standing and walking, 5/10 low back pain with lower extremity symptoms, medication does help; tenderness in the lumbar spine, lumbar ROM (range of motion) percent of normal: flexion 60%, extension 50%, left and right lateral tilt 50%, left rotation 40%, lower extremity neurologi evaluation essentially unchanged; diagnosis neural encroachment L5-S1 with radiculopathy; patient yet to proceed with second epidural steroid injection, request for concurrent chiropractic treatment lumbar spine 3x per week for 6 weeks, emphasis on active therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, three times per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 62.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic low back pain as therapeutic with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. With no evidence of objective functional improvement yet to document, the request for 18 total visits exceeds the guideline recommendation. The request for chiropractic treatment, three times per week for six weeks, is not medically necessary or appropriate.