

<b>Case Number:</b>	CM13-0045132		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, has a subspecialty in Chiropractic Sports Physician 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 30 year old male who was injured on 5/13/13 in an auto mobile accident while in the course of his job for a pest control company. He injured his low back which also radiated to both legs. He has been treated with medications, chiropractic manipulation, physical therapy, back support/cushion with no total amount of treatment documented. His diagnoses are Lumbar disc disease L3-4, L4-5 and L5-S1, Decrease disc space L4-5, Lumbar disc herniations L3-4, L4-5, L5-S1 with disc extrusion and caudal migration at L4-5 and Lumbar Radiculitis L5 bilaterally. On 9/03/13 EMG/NCV studies revealed bilateral chronic active L5 radiculopathy, right > left. A MRI was performed on unknown date and revealed right-sided extrusion w/caudal migration at L4-5, L4-5 decrease disc space with modic endplate changes at L4-5, L3-L4 and L5-S1 disc herniations with stenosis of the right lateral recess and neuroforamina at L3-4, L4-5, L5-S1. The doctor is requesting Chiropractic care one time per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE ONE (1) TIME A WEEK FOR SIX (6) WEEKS:** 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 9792.2-9792.26 Page(s): 58-59.

**Decision rationale:** The records do not clearly indicate the amount of previous chiropractic care and the patients response to care. The patients injuries are considered chronic at this point and the request for care needs to follow the Chronic Pain MTUS Guidelines as stated above. The request for more chiropractic treatment is not medically necessary.