

<b>Case Number:</b>	CM13-0045627		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 reviewer is licensed in Chiropractic and is licensed to practice in Texas. 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:

The patient is a 36-year-old male who reported an injury on 02/01/2012. The patient was seen by [REDACTED] on 08/20/2013. The patient reported ongoing lower back pain with right leg and left shoulder pain as well. Physical examination revealed positive straight leg raising, limited range of motion of the lumbar spine and left shoulder, and weakness in the left shoulder. The patient was diagnosed with lumbar spine radiculitis, and status post left shoulder surgery. Treatment recommendations included continuation of medications, therapy, and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for eight (8) sessions of Chiropractic Treatment for the 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.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the

clinical documentation submitted, the patient has received previous authorization for chiropractic therapy. Documentation of a previous course of treatment was not provided for review. Additionally, the current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.