

<b>Case Number:</b>	CM13-0047225		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 licensed 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:

According to the available medical records, this is a 52-year-old female patient with chronic low back pain, date of injury 07/24/2012. Previous treatments include physical therapy, home exercise program, chiropractic, medications and modified works. Doctor's first report dated 08/27/2013 by [REDACTED] revealed constant back pain, hard to walk by end of day, sitting increases it too, ibuprofen does not help, pain level 8/10; exam revealed thoraco-lumbar ROM(range of motion) reduced to 70% esp on flexion, pain local to L5S1, left Achilles DTRs +1, sensory loss L4,5 left LE, paraspinal spasm, also complains of neck sore and tightness, C-ROM at 80% less on rotation, pain upper thoracic spine at T4/5; conservative chiropractic tx to include spinal manipulation/ ROM exercises including McKenzie and Williams type, and adjunctive physiotherapy at 1x week for 8 weeks; patient returned to modified work with no lifting over 25 lbs, avoid prolonged sitting. Progress report dated 10/18/2013 by [REDACTED] revealed therapy is helping but the back pain remains, patient is working which tends to make the muscle sore by end of day, Ibuprofen does not help, patient is doing her exercise at home, pain rated 6-8/10; exam revealed thoraco-lumbar ROM reduced to 80% especially on flexion, pain local to L5-S1, left Achilles DTRs +1, sensory loss L4 L5 and left LE, paraspinal spasm, also complains of neck sore and tightness, C-ROM at 85% on rotation, pain upper thoracic spine at T4/5, overall she has shown both subjective and objective incremental progress, MRI: L5 disc protrusion; patient return to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional (6-14) Chiropractic treatment visits:** Upheld

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

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

**Decision rationale:** Reviewed of the available medical records shown this patient has had 7 chiropractic treatments starting 08/27/2013 to 09/28/2013 with no evidence of objective functional improvement. Based on the guidelines cited above, the request for additional (6-14) chiropractic treatments is NOT medically necessary.