

<b>Case Number:</b>	CM13-0047283		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	11/04/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 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 48-year-old male who reported an injury on 06/09/2011. The patient is currently diagnosed with low back pain and lumbar disc disorder. The patient was seen by [REDACTED] on 12/13/2013. The patient was participating in chiropractic therapy and H-wave stimulation. The patient was also compliant with a daily home exercise program. Physical examination revealed paravertebral muscle spasm with tenderness to palpation, positive lumbar facet loading maneuver bilaterally, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included an extension of chiropractic therapy for an additional 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, six sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended 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

documentation submitted, the patient is currently participating in a course of chiropractic treatment. Documentation of the previous course of chiropractic therapy with total treatment duration and treatment efficacy was not provided for review. The patient's physical examination continues to reveal paravertebral muscle spasm, tenderness, tight muscle band, and positive facet loading maneuver. The request for chiropractic treatment, six sessions, is not medically necessary or appropriate.