

<b>Case Number:</b>	CM13-0047950		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 54 year old male patient with chronic low back pain, date of injury is 09/19/2008. Previous treatments include medications, pool therapy, chiropractic, physical therapy, facet injection, epidural injection, radiofrequency ablation. Progress report dated 05/16/2014 by the treating doctor revealed patient with residual pain and continue to take medications. He currently has flare ups and muscle spasms on a daily basis, he complains of a couple very bad and intense flare up of his back pain this month. Physical examination revealed tenderness and spasms of L3-5 paraspinal muscles, ROM decreased in all ranges, positive facet compression L3-5, pain with palpation L3-5 left, left leg focal weakness 4/5, positive sciatica left, sensory decreased in left lower extremity. Assessments include lumbar sprain, displacement of lumbar IVD without myelopathy, lumbosacral DDD, spasm of muscle, sacroiliitis and lumbar spinal stenosis. The patient has a permanent work restriction to avoid lifting more than 15 pounds, avoid repetitive back motions and activities such as crawling, climbing, kneeling and stooping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions 2x per week for 3 weeks for lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation Page(s): 58-59.

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

**Decision rationale:** The patient presents with recent flare up of his low back pain. The patient has had extensive chiropractic treatments for his low back and has a permanent work restriction. There is no concurrent therapeutic exercise program that facilitate progression in functional improvement as the guideline suggested. Based on the guidelines cited above, the request for 6 chiropractic treatments fore flare up exceeded the guideline recommendation for 1-2 visits every 4 to 6 months. Therefore, it is not medically necessary.