

<b>Case Number:</b>	CM13-0051472		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	10/10/2013
<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 Licensed in Chiropractic, has a subspecialty in Acupuncture 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 patient is 38 year old male with a date of injury of 5/20/2013. According to the progress report dated 8/22/13, the patient complained of back pain. It was rated at 6-7/10. In addition, the patient complained of left knee pain. The pain was described as dull to sharp. MRI of the lumbar spine revealed a 1.2 disc herniation at L4-L5. The patient was diagnosed with lumbar sprain/strain, lumbar ivd syndrome with radiculopathy, cervicgia, and thoracic spine strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT:** Overturned

**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 Manual Therapy & manipulation Page(s): 58-60.

**Decision rationale:** Based on the medical records, a current prescription for chiropractic would most accurately be evaluated as an initial trial, for which the guidelines recommend 6 visits with a total of 18 visits over 6-8 weeks with evidence of functional improvement. The utilization reviewer stated that the patient had received chiropractic care in the past; however, there was no

evidence that the patient completed an initial trial. Therefore, the provider's request for chiropractic once a week for 6 weeks is medically necessary at this time.