

<b>Case Number:</b>	CM13-0055457		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Board Certified in Chiropractic Practice 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 64 year old male patient with lower back pain, date of injury 07/26/2013. Previous treatment include medications, topical pain cream, acupuncture, physical therapy, chiropractic and back support. Initial report and request for authorization dated 10/21/2013 by [REDACTED] revealed constant moderate to severe aching pain in the cervical spine, aggravated by turning and twisting, constant moderate to severe sharp pain in the thoracic spine, aggravated by lifting, constant moderate to severe sharp pain in the lumbar spine, worse by lifting, numbness going down the right leg to the toes, constant severe sharp and burning pain in the inguinal hernia that increased with coughing and sneezing, constant severe pain in the testicles, the patient is unable to lift heavy items, sitting and standing always cause pain; exam revealed +4 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscle and bilateral upper shoulder muscles, cervical ROM decreased and painful, Axial compression test, Distraction test and shoulder depression test was positive bilaterally, C5 dermatome was decreased on the right to light touch, +4 spasm and tenderness to the bilateral thoracic paraspinal muscles from T3 to T9, +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1, lumbar ROM decreased and painful, Kemp's test, Yeoman's and Valsalvas positive bilaterally, SLR test was positive on the right, right hamstrings reflex and right Achilles reflex decreased, the patient was released to work with no lifting greater than 10 lbs, no bending or stooping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy - Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Review of the available medical records indicated that this patient has had chiropractic treatment from 08/2013 to 09/2013, however, there are no medical records of those visits available for review, the number of visits is unknown and objective functional improvement is not documented. Based on CA MTUS guideline recommendation, the request for 12 chiropractic therapy is not medically necessary.