

<b>Case Number:</b>	CM13-0061283		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 claimant is a 34 year old male who sustained a work related injury on 6/30/11. His primary diagnoses are lumbar strain, chronic low back pain with lumbar disc herniation and radiculopathy, and lumbar spinal stenosis. He complains of left sided low back pain with radiating pain to the left extremity. Prior treatment includes physical therapy, acupuncture, injections, and oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 12 sessions of chiropractic for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, an initial trial of chiropractic consists of no more than six visits. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant had a trial of six approved as a modification of the initial request of 12 visits. There is

no documentation of completion of this trial or of any associated functional improvement. A request for 12 visits exceeds the recommended number and therefore is not medically necessary. Therefore, the request is noncertified.