

<b>Case Number:</b>	CM13-0062366		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified 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 44 year old female patient with chronic mid and low back pain, date of injury 05/12/2011. Previous treatments include medications and chiropractic; there is no other treatment records available for review. Progress report dated 09/20/2013 by the primary treating doctor revealed recent flares-up of right mid back, increased back pain and spasm; objective findings include thoracic spine spasm and muscle guarding, pain with extension, lumbar spine ROM decreased, straight leg raise cause low back pain, treatment plan includes chiropractic/rehab 2x3; patient returned to usual and customary duties on 09/20/2013. Progress report dated 10/04/2013 by the secondary and requesting doctor revealed complains of upper & lower back pain; objective findings include palpation elicited muscle tenderness and spasm to T/S (thoracic spine) and L/S (lumbar spine), decreased ROM to L/S, positive Heel/Toes Walk, sitting Root test, Kemp's Test and Patrick Fabere, requesting additional 2x3 chiropractic/physio-therapy to increase functionalities, ROM, decrease muscle pain, tenderness and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWICE A WEEK FOR THREE WEEKS FOR TH THORACIC AND LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Review of the current medical records indicated that this is a flare-up of this employee's chronic mid and low back pain. The MTUS guidelines recommend 1-2 visits every 4-6 months for recurrences/flare-ups of chronic low back pain. The request for chiropractic treatment 2x a week for 3 weeks exceeded the guideline recommendation and therefore, not medically necessary.