

<b>Case Number:</b>	CM13-0062946		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Medicine and is licensed to practice in Texas. 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 injured worker is a 46-year-old female who reported injury on September 20, 2012. The injury occurred when the injured worker was moving a box weighing approximately 20 to 30 pounds when she noted a pain in her low back. The injured worker was treated with physical therapy, acupuncture and a selective nerve root block. The injured worker's diagnosis included thoracic lumbar disc degeneration and spondylosis, lumbago, lumbosacral neuritis, and lumbar disc displacement. The documentation dated November 05, 2013 revealed the injured worker had a positive straight leg raise and had flexion of 70 degrees and extension of 14 degrees. It was further indicated that the injured worker had a history of tethered cord syndrome and Spina Bifida.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENTS FOR THE LUMBAR SPINE (8 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Guidelines also state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions. The request for 8 sessions would be excessive. Given the above, the request for 8 sessions of chiropractic treatments for the lumbar spine is not medically necessary.