

<b>Case Number:</b>	CM13-0072286		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Board Certified in Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This is a 28 year-old male who was injured on 11/14/12. He has been diagnosed with lumbago and lumbar disc displacement without myelopathy. According to the 11/26/13 anesthesiology/pain management report from [REDACTED], the patient presents with 3-4/10 low back pain. He takes naproxen, and recently got a prescription for Neurontin. The plan was to continue with 6 chiropractic sessions, and because he does not want injections, a functional restoration program. On 12/4/13, UR denied this. The 7/30/13 report shows the patient presenting with moderate to severe lower back pain, and there was the initial request for chiropractic care x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x3 to Low Back IS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Chiropractic Treatment; Manual Therapy Page(s): 30,58.

**Decision rationale:** On 7/30/13, the patient presents with moderate to severe low back pain, and the physician requested a trial of chiropractic care x6. The follow-up report on 11/26/13 shows the back pain was 3-4/10. 3-4/10 pain would appear to be better than moderate to severe pain, and suggests improvement with the chiropractic care. He is not working, but is attending classes on office skills. He participates in [REDACTED]. On page 8, MTUS states: "Pain is subjective. It cannot be readily validated or objectively measured (AMA Guides, 5th Edition, page 566). Furthermore subjective reports of pain severity may not correlate well with its functional impact. Thus, it is essential to understand the extent that function is impeded by pain" MTUS recommends a trial of 6 chiropractic sessions and states with evidence of functional improvement; this can be extended up to 18 visits. The patient has some evidence of functional improvement with the initial 6-sessions of chiropractic care. The request for an additional 6-sessions appears to be in accordance with MTUS guidelines.