

<b>Case Number:</b>	CM14-0104854		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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 58 year old female patient with chronic low back pain, date of injury 08/01/2012. Previous treatments include physical therapy, chiropractic, medications and home exercise. Last evaluation report dated 05/08/2014 revealed patient complains of low back pain radiating to the buttock and right lateral thigh. The patient noted to endorse a chronic history of low back pain hat has been treated with chiropractic care for approximately twenty years; she denied any previous surgery on her lumbar spine. The low back pain was greatly increased after the incident on 08/01/2012 when she tripped over a box and fall at work. Examination revealed normal ROM, normal neuro-motor evaluation. There is mild pain on palpation of the bilateral piriformis regions, no tenderness of the lumbar paraspinals or greater trochanters. Diagnosis is lumbar spondylosis. Treatment plan was to continue physical therapy and develop home exercise program. The patient returned to modified work on 04/01/2014. There was a progress report and request for authorization dated 06/19/2014, requested the patient to complete physical therapy focusing on optimizing a home exercise program, chiropractic treatment 2x a week for 6 weeks. The patient returned to full work duty on 06/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reconsideration- Chiropractic Treatments QTY:12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The patient has been receiving physical therapy with improvement. There is a home exercise focus and she had noted to return to work full duty. There is no document of recent flare-ups or functional difficulty that require chiropractic treatment. The request for chiropractic manipulation, 12 visits for the lumbar spine also exceed the guidelines recommendations and therefore, not medically necessary.