

<b>Case Number:</b>	CM14-0012615		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, 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 Physician 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 49-year-old female who sustained an injury to her low back on 06/02/08. The mechanism of injury was not documented. The clinical note of 01/03/14 reported that the injured worker continues to complain of low back and leg pain with associated spasms. She has undergone a physical therapy regimen and chiropractic manipulation treatment that have provided some benefit. Her symptoms are currently increasing and pain is moderate, severe and constant. The pain is negatively impacting her ability to perform activities of daily living. Physical examination noted lumbar spine inspection reflecting no kyphosis/scoliosis deformities; antalgic gait; ambulation without assistive devices; heel/toe walk normal bilaterally; tenderness over the paraspinal musculature of the lumbar region bilaterally; muscle spasm bilaterally; flexion 30°, extension 15°, rotation 15° bilaterally; sensory normal; motor exam normal; reflexes 2+ plus bilaterally straight leg raise test negative bilaterally; Waddell's signs negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIRO (X4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MANUAL THERAPY & MANIPULATION,

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

**Decision rationale:** The request for chiropractic times four visits is not medically necessary. The previous request was denied on the basis that the injured worker has already completed an unspecified amount of chiropractic manipulation treatment visits; however, the exact number of visits was not indicated. The California MTUS recommends a total of up to 18 visits over 16 weeks with evidence of significant objective functional improvement. There was no additional significant objective clinical information provided that would support the need to exceed the California MTUS guidelines, either in frequency or duration of chiropractic manipulation visits. Given the clinical documentation submitted for review, medical necessity of the request for chiropractic times four visits has not been established.