

<b>Case Number:</b>	CM14-0014502		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Licensed 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 32 years old male patient with chronic low back pain, date of injury 07/18/2013. The previous treatments include back support, medications, chiropractic, physical therapy and home exercises. Initial treating doctor report dated 09/18/2013 revealed constant, moderate, sharp pain in the low back and at times severe. The pain radiates down through his buttocks to the back of his thighs. It also radiates to the lower extremities, right greater than left. The pain is aggravated by sitting, standing and walking up to 20 minutes, lying on his sides, bending and twisting at the waist, pushing, pulling, lifting and carrying about 30-35 lbs, ascending/descending stairs, walking on uneven grounds, kneeling, squatting, standing from seated position, and sudden movements. The pain is 7/10 at worst and 3/10 at best. He also reported buttock and thigh pain with occasional numbness in the buttocks, right leg and to the foot. He reported weakness of the legs. The exam revealed tenderness to palpation about the lumbar paravertebral muscles and sacroiliac joints bilaterally. There is muscle spasm in the lower quadratus lumborum muscles. The lumbar range of motion included flexion 53/80, extension 26/25, left lateral bend 17/35, right lateral bend 16/35. Positive straight leg raise at 55 degrees on the right and 65 degrees on the left in both sitting and supine positions. The diagnoses include lumbar spine status post with lower extremity clinical radiculopathy, right greater than left. The patient was placed on temporary total disability for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care for The Low Back, 3 Times per Week for 4 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation chapter Page(s): 58-59.

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

**Decision rationale:** The CA MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, with evidence of functional improvements. The request for 3 times per week for 4 weeks of chiropractic treatment to the lower back exceeded the guideline recommendation and therefore, not medically necessary.