

<b>Case Number:</b>	CM14-0111605		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/09/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Care 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 52 year old male patient with chronic low back pain, date of injury 02/09/2008. Previous treatments include medications, chiropractic therapy, physical therapy, injections and home exercise program. Progress report dated 06/12/2014 by the treating doctor revealed patient with pain in his back and some radicular symptoms into the left leg, with a burning pins and needles sensation into the left foot. Lumbar spine examination revealed tenderness over the left sciatic notch into the left buttock, seated straight leg raise in the left causes discomfort left buttock and some neural tension extending down through the posterior thigh. Diagnoses include degenerative lumbar/lumbosacral IV disc, unspecified thoracic/lumbar neuritis/radiculitis on the left. The patient continued to work full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions 1-2 x a week for 8 sessions (lumbar): Upheld**

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

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

**Decision rationale:** The available medical records showed this patient continued to have persistent low back pain and required ongoing medications since 01/30/2013. He is compliant with his home exercise programs and continued to work full duties. There is no documentation of functional deficits and/or difficulty. The patient has been treated with home therapeutic exercise and has returned to productive life. Based on the guidelines cited, the request for 8 chiropractic treatment sessions is not medically necessary.