

<b>Case Number:</b>	CM14-0112702		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 36-year-old individual was reportedly injured on August 12, 2013. The mechanism of injury was noted as lifting a heavy object. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities. The physical examination was handwritten and partially illegible. It appeared to indicate evidence of decreased deep tendon reflexes at the ankles, tenderness to palpation over the cervical spine, a negative straight leg raise, and spasm of the lumbar paraspinal muscles. An MRI of the lumbar spine was obtained on May 6, 2014 and demonstrated bilateral facet hypertrophy at L4-L5 and L5-S1. There was no evidence of central canal or neuroforaminal narrowing. Previous treatment included physical therapy, oral medications, and chiropractic care. A request had been made for 12 additional chiropractic sessions and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic 2x6 for low back, for a total of 18 sessions to date:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The MTUS supports the use of chiropractic care for the management of low back symptoms and recommends up to 1-2 visits weekly for the first 2 weeks and then one additional visit weekly for up to a total 8 weeks of treatment or a maximum of 10 sessions. Based on the administrative documents provided, 18 chiropractic therapy sessions have previously been completed. While it is noted that there is evidence of spasm on examination in the para lumbar region and degenerative changes on MRI, exceptional factors warranting deviation from the guidelines have not been provided. Given the previous number of sessions completed and the recommendation the MTUS, the requested additional chiropractic care is considered not medically necessary.