

<b>Case Number:</b>	CM14-0113257		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/10/2014
<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, 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 09/06/2000. Previous treatments include Chiropractic, Physical Therapy, Epidural Injections, Medications and Home Exercise Program. Progress report dated 07/28/2014 by the treating doctor revealed patient with low back pain. Electrodiagnostic studies on 03/17/2014 showed evidence of right L5 radiculopathy. The patient continues to have decreased functionality because of the pain, her walking and standing limited to 15 minutes. She has had a re-injury to the low back, no date reported, which cause her significant functional limitations involving ROM of the low back. Physical examination revealed antalgic gait with a forward leaned posture with hyperextension of the knee, bilateral extensor hallucis longus weakness 4/5, hyperlordotic stance, decreased sensation to light touch in the right medial calf and anterior thigh, positive slumps testing on the right side. Diagnoses include right L4 vs L5 radiculopathy, axial low back pain, chronic pain syndrome, lumbar facet pain, depression and morbid obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six Chiropractic visits for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient had flares-up of her low back pain due to a re-twisting injury per the treating doctor, no exact date reported. She has had multiple chiropractic treatments, physical therapy and three epidural steroid injections; however, there is no evidence of objective functional improvement from previous chiropractic treatments. The patient continues to have ongoing pain that require multiple medications and injections. Based on the guidelines cited above, due to lack of treatments success from previous chiropractic visits, the request for six Chiropractic Treatments is not medically necessary.