

<b>Case Number:</b>	CM14-0113480		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Nevada 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 49-year-old gentleman was reportedly injured on March 10, 2013. The mechanism of injury was noted as being hit in the head with a large board. The most recent progress note, dated July 9, 2014, was handwritten and difficult to read. Another note, dated May 28, 2014, stated that the injured employee has increased range of motion and decreased pain with the lumbar spine. The physical examination demonstrated a positive straight leg raise test at 60 on the left and 90 on the right. Diagnostic imaging studies of the lumbar spine revealed disc protrusions from L2 through S1. There was evidence of impingement on the exiting L5 nerve roots. Previous treatment was unknown. A request had been made for chiropractic care twice week for three weeks and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Chiropractor 2x week x3 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

**Decision rationale:** The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. The previous utilization management review indicates that the injured employee has had six previous chiropractic visits and that this is a request for six additional visits; however, there is no documentation of this in the attached medical record. This appears to be a retroactive request for those six visits. As such, this request is for six visits of chiropractic therapy, it is medically necessary.