

<b>Case Number:</b>	CM14-0123057		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 52 year old female with chronic low back pain, date of injury 05/09/2013. Previous treatments include medications, physical therapy, LINT therapy, chiropractic and home exercises program. Progress report dated 06/11/2014 by the treating doctor revealed low back pain, 5-6/10. No objective findings recorded. Diagnoses include lumbar sp/st with radiculitis, lumbar disc protrusion with radiculopathy and sleep disturbance secondary to pain. The patient remained off work until 07/23/2014. Progress report dated 06/23/2014 by the treating chiropractor revealed lumbar spine pain 6/10 with tingling and numbness to the lower extremity, weakness and stiffness present. The patient is noted to require lumbar brace. Functional limitations include walking, standing, bending, twisting, squatting, kneeling, stairs, sitting, lifting, pushing, pulling and overhead activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x6 weeks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** This patient has completed 6 chiropractic sessions starting 05/05/2014 with no evidence of objective functional improvement. Pain level was 6/10 on 05/05/2014 chiropractic evaluation and remained 5-6/10 on the follow up evaluation on 06/23/2014. On 05/05/2014 evaluation, the patient actually have less functional limitation (walking, standing, bending, twisting, squatting, kneeling, stairs, sit-stand, sitting and lifting) than her evaluation on 06/23/2014 (pushing, pulling and overhead activities are limited in addition to all of the above). Based on the guidelines cited, the request for additional chiropractic treatments is not medically necessary.