

<b>Case Number:</b>	CM14-0129837		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Surgical Critical Care and is licensed to practice in Texas. 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:

This is a 52-year-old male claimant who sustained a low back injury on 9/11/2011. There has been an Agreed Medical Examination on 2/27/13 who opined that the claimant was permanent and stationary and anticipated no future medical care other than orthopedic evaluation. The claimant has chronic low back pain which was diagnosed a lumbar sprain. The report details that claimant "he has complaints of pain rated at intermittent and slight." There is report of a MRI of the lumbar spine dated 9/11/2011, which reveals "1) multifactorial mild central canal stenosis at L45; 2) mild bilateral foraminal encroachment without central canal stenosis at L5S1; 3) Slight or mild disc bulges at L1-2, L2-3 and L3-4 without stenosis." There has been a chiropractic evaluation on 7/10/14 with [REDACTED] who requested additional chiropractic care 2x6. It mentions that previous chiropractic care was without any "appreciable sustained/ongoing benefits."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care for Low Back/Lumbar/Sacrum (12 Visits Total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulations Page(s): 58.

**Decision rationale:** The claimant has been afforded previous chiropractic care despite which the claimant states he gained no appreciable benefit. CA MTUS clearly states that there needs to be objective functional improvement in order to pursue further manipulations. Repeating failed modalities are not medically necessary and not in keeping with CA MTUS guideline recommendations.