

<b>Case Number:</b>	CM14-0130377		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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:

The injured worker is a 38 year old male with a date of injury 3/14/2014. The patient related that he was using a jackhammer when it became stuck and used considerable effort to break it free by pulling and twisting. The patient experienced sudden, sharp and gradually worsening pain in his low back and reported the injury to his employer and received medical treatment. The patient then sought chiropractic treatment for his injuries 4/22/14. According to a progress report (PR2), dated 6/6/2014 the patient complained of flare-up of his industrial injuries. Objective findings were; decreased range of motion of the lumbar spine, flexion 60 degrees, bilateral leg raise produced low back pain and spasms at 5 degrees and SLR was positive bilaterally at 80 degrees, positive Kemp's test bilaterally, tenderness to palpation in the lumbar spine L2-S1 and bilateral sacroiliac joints. On 7/9/2014 a PR2 report revealed that the patient reported much relief following each treatment, but the pain resumed with patient's normal activities. Objective findings were lumbar flexion to 70 degrees, extension 20 degrees, lateral bending to 15 degrees, bilateral SLR was positive at 80 degrees and Kemp's test positive bilaterally. Palpable tenderness was reported from L2-S1 and bilateral sacroiliac joints. The provider has submitted an appeal to a previous denial of 4 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic manipulative therapy, interferential current, neuromuscular re-education and home exercise program for four (4) treatments over four (4) weeks to low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** Based on treatment notes dated 6/6/2014 and 7/9/2014 submitted by the provider, there is no clear evidence of objective functional improvement to support the necessity for additional chiropractic sessions. According to an Oswestry questionnaire on both of the above dates, the patient reported worsening symptoms on 7/9/2014 as compared to 6/6/2014. The patient's objective findings on the latter PR2 were essentially the same as the 6/6/2014 PR2. California MTUS guidelines page 58 states that objective functional improvement must be demonstrated to support the need for additional manual manipulation after an initial trial has been utilized. Because there is lacking support for objective functional improvement, the request for four additional chiropractic treatments remains not medically necessary.