

<b>Case Number:</b>	CM14-0138827		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 48 year old male patient with chronic low back pain, date of injury is 09/10/2013. Previous treatments include medications, injections, physical therapy, home exercises, and acupuncture. Progress report dated 08/06/2014 by the requesting doctor revealed patient with complains of low back pain that is on the left side and radiates down the back of the left leg to the heel, 8/10, sharp-shooting, tingling, numbness, the pain is aggravated by extended periods of sitting, standing or walking. Lumbar examination revealed ROM is full in flexion, extension, lateral rotation and lateral bending with an increase in concordant pain in any plane at the end ranges, sensation decreased to light touch and pinprick along all L3-5 dermatomes left lower extremities, SLR test is positive left for radicular at 60 degrees, paraspinal muscles in the l1-3 region guarded and tender to palpation. Diagnoses include low back pain, lumbar disc with radiculitis, myalgia and degeneration of lumbar disc. The patient continues to work full time without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits, quantity 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment.

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

**Decision rationale:** The patient present with chronic low back pain with date of injury on 09/10/2013. Reviewed of the available medical records showed he has been treated with medications, injections, physical therapy, acupuncture, and home exercise. There is no records of prior chiropractic manipulation treatment. Chiropractic treatment would be reasonable to treat this patient's low back conditions. The request for 6 chiropractic visits is in accordance with MTUS guideline recommendation for a trial of 6 visits over 2 weeks; therefore, it is medically necessary.