

<b>Case Number:</b>	CM14-0152645		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 a licensed Chiropractor, 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 pain in the lower back and tail bone, date of injury is 01/17/2014. Previous treatments include Medications, Injections, Physical Therapy, Chiropractic, Bracing and Home Exercises. Treating doctor's first report dated 08/01/2014 revealed patient complains of constant pain in her low back/coccyx, weakness in her right leg, pain increased with walking, sitting, lifting, carrying, kneeling and bending. Examination of the lumbar spine revealed tenderness to palpation over the midline sacral spine and midline sacro-coccygeal spine, as well as the right lower abdomen, ROM limited and painful, tightness of bilateral hamstrings, light touch decreased over the lateral right leg, right quadriceps weakness, 4/5. Assessment includes lumbar spine degenerative disc disease, lumbar spine disc herniation/osteophytes, lumbar spine sp/st, and lumbar spine radiculopathy on the right. The patient may return to work modified duties next day, 08/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 6 weeks for the Lumbar Spine (12): 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 Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presents with ongoing low back/coccyx pain despite previous treatments with Medications, Injections, Physical Therapy and Chiropractic. The claimant has had 8 chiropractic treatments previously with no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.