

<b>Case Number:</b>	CM14-0171126		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 60 year old male with chronic lower back and right knee pain, date of injury is 06/16/2013. Previous treatments include medications, activity modification, physical therapy, chiropractic, and home exercises. Progress report dated 09/23/2014 by the treating doctor revealed injured worker complaints of low back pain, 8/10, with associated lower extremity weakness; pain is described as aching, pulsating, sharp, shooting, throbbing, tightness that radiated to both lower extremities and buttock. Physical examination revealed normal gait, normal posture, injured worker changes positions frequently during exam. Diagnoses include degeneration of lumbosacral intervertebral disc, low back pain, ankle pain, hip pain, lumbosacral radiculopathy, knee pain, and degeneration of lumbar intervertebral disc. The injured worker has returned to work full duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic Visits for the Lumbar, Thoracic, and Right Knee: Upheld**

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

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

**Decision rationale:** The claimant presents with ongoing lower back pain despite previous treatments with physical therapy, medications, and chiropractic. The available medical records showed the claimant has had multiple chiropractic treatments previously; however, there are no treatment records available for review and no evidences of objective functional improvement. Base on the guideline cited, the request for additional 6 chiropractic visits is not medically necessary.