

<b>Case Number:</b>	CM14-0174185		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Doctor of 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 27 year old female with chronic back pain, date of injury is 07/02/2013. Previous treatments include medications, physical therapy, and chiropractic. Progress report dated 03/19/2014 by the treating doctor revealed patient with complains of intermittent moderate to severe lumbar spine pain that described as sharp and throbbing, pain is aggravate by prolonged standing and laying, and intermittent slight pain and soreness in the left hip. Physical exam revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1 and multifidus, trigger points to the left piriformis muscle, positive Kemp's test bilaterally, positive SLR on the left, positive Braggard's on the left, positive Yeoman's bilaterally, left Achilles reflex decreased, left S1 dermatomes decreased to light touch, +2 spasm and tenderness to the left gluteus medius muscle and SI joint, positive Fabere's on the left. Diagnoses include lumbar disc displacement without myelopathy, sciatica, tendinitis/bursitis of the left hip. The patient remained on temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic sessions for the lumbar spine (3 x 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** The claimant presents with chronic low back pain despite previous treatments with medications, physical therapy and chiropractic. The available medical records showed the patient has completed 6 chiropractic treatments, however, there is no treatment records available for review and no documents of objective functional improvements. Based on the guidelines cited above, the request for additional 12 chiropractic treatments is not medically necessary.