

<b>Case Number:</b>	CM14-0174607		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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; has a subspecialty in Acupuncture 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 patient was a 60-year-old male with a date of injury of April 8, 2005. According to the report dated 09/02/14, the patient was treated for a lumbar sprain/strain. The pain level reported during the initial evaluation was 6-7/10. The range of motion in flexion was 80, extension 5, right lateral bend 5, and left lateral bend 10 degree.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1 time per week for 6 weeks, cervical spine, thoracic spine, lumbar spine, right shoulder:** 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 Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The patient was authorized 6 chiropractic sessions. The lumbar spine range of motion during the initial evaluation and after completing 5 chiropractic sessions was the similar. Based on the lack of functional improvement from the six authorized chiropractic sessions, the provider's request for an additional six chiropractic session is not medically necessary at this time.

