

<b>Case Number:</b>	CM14-0174873		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/15/1992
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/29/2014
<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 Board Certified in Physical Medicine and Rehabilitation 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 injured worker has a date of injury of 11/15/92. He is complaining of intermittent achiness in the buttocks. Examination reveals muscle spasms in the thoracic and lumbar spine. Requests was made for 6 chiropractic visits to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation x 6 visits for the lumbar spine:** Upheld

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

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

**Decision rationale:** The injured worker presents with exacerbation of chronic low back pain. Request is made for chiropractic manipulation, electrical muscle stimulation, heat/cold application and ultrasound therapy. MTUS guidelines recommends 1-2 manual therapy visits every 4-6 months for recurrence of low back pain with treatment success. The treatment duration requested exceeds MTUS guidelines and is therefore not medically necessary.