

<b>Case Number:</b>	CM14-0181527		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 licensed 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 is a 52-year-old male with a date of injury of 10/02/2014. According to the progress report dated 9/26/2014, the patient complained of low back pain. The condition remains the same. The patient was diagnosed with lumbar stenosis moderate to severe. Significant objective findings were unremarkable. It was noted that chiropractic helped approximately 35%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic sessions twice per week for four weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The provider's request for 8 additional chiropractic sessions is not medically necessary at this time. Records indicate that the patient had 14 approved chiropractic sessions to date. The provider noted that chiropractic helped approximately 35%. However, there is no documentation of functional improvement from prior chiropractic care. Additional chiropractic sessions are not medically necessary without documentation of functional improvement.