

<b>Case Number:</b>	CM14-0035251		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 65-year-old male with a date of injury of January 8, 2013. The patient has been diagnosed with a strain of the lower back. The patient also has a tear of the medial meniscus. The patient was not interested in doing electrodiagnostic studies from her lower back. He was also has attempted proceeding with any aggressive care for the lower back at this point. Physical examination showed reduced range of lumbar motion and tenderness to palpation of the back. Motor exam was normal in the bilateral lower extremities. Sensation to the foot was slightly diminished. Deep tendon reflexes are two out of four at the knees and ankles. The patient has been diagnosed with lumbosacral radiculitis, lumbar facet syndrome and myofascial pain. The patient is 13 months status post injury. He has not yet recovered to his preinjury status. A home exercise protocol has been employed. The patient has early had previous chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of Chiropractic treatment for the Lumbar Spind, 2 times a week for 3 weeks, as an outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**Decision rationale:** The medical records do not contain sufficient information to support the use of additional chiropractic care. The patient is early had chiropractic care and is unclear how much chiropractic care the patient has had or what have chiropractic care was successful in alleviating the patient's pain. In addition, a home exercise protocol has been employed. The patient has noted a lack of interest and participation in appropriate care. Guidelines indicate that the effective timeframe for chiropractic care as noted to be during the first few weeks after injury. In addition, this patient has a diagnosis of radiculopathy which would negate the need for chiropractic care. Therefore, guidelines do not support the use of additional chiropractic care at this time.