

<b>Case Number:</b>	CM14-0055642		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### 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 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 48 year old male patient with chronic low back pain, date of injury 03/13/2013. Previous treatments include chiropractic, medications, TENS, physical therapy, Lumbar Epidurals Injections, and home exercises. Progress report dated 01/16/2014 by the treating doctor revealed patient complains of constant severe low back pain, stiffness and weakness, aggravated by lifting 10 pounds, sitting, standing, walking, bending and squatting, 5/10. Patient also suffers from depression, anxiety, and irritability. Exam findings include trigger point of lumbar paraspinal, decreased sensation of bilateral lower extremities, ROM decreased and painful, there is +3 tenderness of the lumbar paravertebral muscles with muscle spasm, positive Kemp's test bilaterally, positive SLR on the left. Diagnoses include lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sp/st, anxiety, depression, irritability, nervousness, elevated blood pressure, and hypertension. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2XWK X 4WKS LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/MANUAL THERAPY & MANIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation for Chronic Pain if caused by Musculoskeletal Conditions. Manual Therapy Treatment of Musculoskeletal pain. pages 58-59 Page(s): 58-59.

**Decision rationale:** According to the available medical records, this patient has been receiving ongoing treatments for his low back which includes medications, chiropractic, physical therapy, injections, TENS, and home exercise. It is noted on the UR report dated 03/24/2014 this patient has had 30 chiropractic visits; however, there is document of evidences of functional improvements. Based on the guidelines cited above, the request for chiropractic 2x a week for 4 weeks is not medically necessary.