

<b>Case Number:</b>	CM14-0187238		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

The injured worker is a 42 year old male who injured her lower back on 9/19/2012 as a result of performing his duties as a machine operator. Per the primary treating provider's progress report "The injured worker complains of stiffness to the lumbar spine. The injured worker has constant moderate pain in the lower back region that increases with prolonged sitting activities." The injured worker has been treated with medication, lumbar support brace, bio-behavioral pain management; (LINT) localized intense neurostimulation therapy, chiropractic care and physical therapy. The diagnoses assigned by the treating physician are lumbar disc displacement without myelopathy, lumbar radiculitis, and lumbar sprain/strain. An MRI study of the lumbar spine has revealed disc herniation without myelopathy per the records provided. The primary treating provider (PTP) is requesting 18 additional chiropractic care sessions 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 3 x weeks x 6 weeks Lumbar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

**Decision rationale:** Per the review material provided, previous chiropractic care has been rendered to this injured worker in the past. Records of prior chiropractic care do exist in the materials provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. The MTUS Low Back Chapter recommends additional chiropractic care 1-2 sessions over 4-6 months with evidence of objective functional improvement. The records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The 18 requested sessions far exceed those recommended by The MTUS Guidelines. The request for 18 chiropractic sessions requested to the lower back is not medically necessary and appropriate.