

<b>Case Number:</b>	CM14-0188119		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Chiropractor (DC) 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 49 year old male who injured his lower back on 10/05/2009 while performing his usual and customary duties as a police officer. The PTP reports that the patient complains of "low back and bilateral lower extremity pain. He continues to describe sciatic symptoms in the bilateral lower extremities." The patient has been treated with medications, physical therapy and acupuncture. The patient is permanent and stationary and has been released to modified duty per the PTP's progress report. The diagnoses assigned by the PTP are displaced intervertebral disc/HNP and radiculopathy. An MRI study of the lumbar spine has shown "L5-S1 disc protrusion with annular tear and impingement of bilateral S1 nerve roots with subsequent radiculopathy." The PTP is requesting 28 sessions of chiropractic care with a decompression machine to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression machine with chiropractor, [REDACTED] QTY #28 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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:** The MTUS ODG Low Back Chapter recommends an initial trial run of chiropractic care 6 sessions over 2 weeks. The patient has not received any prior chiropractic care for this chronic injury, per the records provided. " The MTUS ODG Low Back Chapter does not recommend mechanical traction devices for the treatment of low back pain. The requested number of sessions as a trial run of care far exceeds the recommendations of The MTUS. I find that the 28 chiropractic sessions requested to the lumbar spine with a decompression machine to not be medically necessary and appropriate.