

<b>Case Number:</b>	CM14-0188310		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/26/2000
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/14/2014
<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 licensed 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 71-year old male with chronic low back pain; date of injury is 04/26/2014. Previous treatments include medications, lumbar epidural injections, chiropractic and physiotherapy. Progress report dated 08/04/2014 by the treating doctor revealed patient complains of bilateral lower back pain and mid back pain. Physical exam noted difficult heel and toe walk, decreased lumbar spine ROM with moderate pain, lumbar musculature hypertonic, +2 tenderness of the erector spine with trigger points presents, positive SLR and Kemps bilaterally. Progress report dated 10/06/2014 by the treating doctor revealed patient with constant bilateral lower back pain and constant mid back pain. Physical exam noted difficult heel and toe walk, decreased lumbar spine ROM with moderate pain, lumbar region and erector spinae tender on both sides, lumbar musculature hypertonic, trigger points presents in the erector spinae bilaterally and quadratus lumborum bilaterally, positive SLR and Kemps bilaterally. Diagnoses include lumbar disc displacement with myelopathy, myositis, and thoracic myofasciitis. Treatment plan include medications. The patient is currently seeing a chiropractor near his home once per week. The patient is currently retired due to injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment once every 2 weeks for 6 sessions, Lumbar and/or Sacral Vertebrae (vertebra NOC Trunk): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing chronic pain the mid back and lower back. Reviewed of the available medical records showed the claimant require medications refill every month and ongoing chiropractic treatments. There is no document of a recent flare up and no treatments records available for previous chiropractic treatments. The current request for 6 chiropractic visits, once every 2 weeks for the lower back also appear to be maintenance in nature. Current evidences based MTUS guidelines do not recommend chiropractic treatment for maintenance care. Therefore, it is not medically necessary.