

<b>Case Number:</b>	CM14-0190582		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 a licensed Chiropractor 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:

This is a 64-year-old male with a 6/30/10 date of injury, when a customer struck him in the low back with a shopping cart. The patient was seen on 7/28/14 with complaints of 7/10 pain in the lumbar spine. Exam findings revealed spasm in the lumbar paraspinals decreased lumbar spine range of motion, and positive SLR (straight leg raise) test. The patient has been noted to be on Norco. The progress report was handwritten and somewhat illegible. The diagnosis is lumbar sprain/strain. Treatment to date: work restrictions, PT, medications, acupuncture and injections. An adverse determination was received on 10/15/14 for a lack of documented outcomes from previous chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of chiropractic treatment for low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines (Manual therapy and manipulation) Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would

make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6-chiropractic/manipulation treatments. The request was for additional 12 sessions of chiropractic treatment however; it is not clear how many chiropractic sessions the patient received. In addition, there is a lack of documentation with subjective and objective functional gains from prior sessions. Lastly, there is no rationale with clearly specified goals from additional chiropractic treatments for the patient. Therefore, the request for 12 additional sessions of chiropractic treatment for low back was not medically necessary.