

<b>Case Number:</b>	CM14-0190849		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

According to the available medical records, this is a 48 year old male with chronic low back pain, with a date of injury of 03/13/2013. Previous treatments include medications, TENS unit, injections, physical therapy, aquatic therapy, chiropractic, physiotherapy, and exercises. The progress report dated 08/14/2014 by the treating doctor revealed that the patient complained of constant severe low back pain, stiffness and weakness, aggravated by lifting 10 pounds, sitting, standing, walking, bending and squatting. The lumbar spine examination revealed trigger point of lumbar paraspinals, decreased sensation of bilateral lower extremities (patchy distribution) moderate spasm, ROM decreased and painful, lumbar paravertebral muscles tender to palpation, lumbar paraspinal muscles spasm, positive Kemp's bilaterally, and positive Straight leg raise on the left. The diagnoses include lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sp/st, sleep disruption, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, 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 2 x week x 3 weeks lumbar spine:** 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 Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing lower back pain despite previous treatments with medications, injection, physical therapy, aquatic therapy, chiropractic, and TENS unit. A review of the available medical records showed the claimant has completed 20 chiropractic treatments on a weekly basis from 05/07/2014 to 09/02/2014. However, there is no evidence of objective functional improvement, and the claimant remained off work. Based on the evidence based guidelines cited, the request for chiropractic treatments 2x a week for 3 weeks is not medically necessary.