

<b>Case Number:</b>	CM14-0206558		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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:

According to the available medical records, this is a 52 year old female with recurrent low back pain, date of injury is 03/14/2014. Previous treatments include medications, physical therapy, acupuncture, and shockwave therapy. QME report dated 08/20/2014 revealed the claimant with no complaints, unremarkable physical examination, she could return to regular work, no further orthopedic treatment anticipated for her resolved lumbar impairment, and the claimant has reached maximum medical improvement with 0% impairment. Initial treating doctor report dated 10/07/2014 revealed patient with recurrence back pain on 08/28/2014, her low back pain increased and began to shoot up to her upper back and shoulder, and she was not able to return to work since then. The patient complaints of intermittent low back pain, 6/10, pain radiates to her left upper back just below the shoulder. Lumbar exam revealed spasm in the paraspinal muscles and tenderness to palpation, some sensory deficit, restricted ROM, positive sitting SLR, muscle testing is within normal limits (5/5) in bilateral lower extremities. Diagnoses include lumbar radiculopathy and internal derangement of knee. Treatment plan include chiropractic 3x a week for 4 weeks for lower back pain and bilateral lower extremity weakness. The patient is on temporary total disability for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic visits to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** Despite QME exam and report on 08/20/2014 with no complaints, normal exam findings, and the claimant injury resolved with no impairment. The claimant presented with recurrent low back pain 8 days later. Reviewed of the available medical records showed no history of chiropractic treatments. While MTUS guidelines might recommend a trial of 6 chiropractic treatments over 2 weeks for the low back, the request for 12 chiropractic treatments exceeded the guidelines recommendation. Therefore, it is not medically necessary.