

<b>Case Number:</b>	CM14-0036101		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/06/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 67 year old female with chronic low back pain; date of injury is 10/06/2013. Previous treatments include medications and physical therapy. There are no other treatment records available for review. Progress report dated 10/22/2013 by the treating doctor revealed patient with right sided low back pain with radicular symptoms. Objective findings include positive radiculopathy, positive SLR on the right, right great toe weakness, L4-5 and L5-S1 tender to palpation, positive sciatica nerve pain, gluteus tender to palpation, pain with flexion/extension. Diagnoses include lumbar scoliosis/strain. 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:

**12 Additional Chiropractic Sessions, 2x6:** Upheld

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

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

**Decision rationale:** The claimant presented with chronic right low back pain with radicular symptoms despite previous treatments with medications and physical therapy. Although a trial

of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvements, totaled up to 18 visits over 6-8 weeks, might be recommended by MTUS guidelines, the current request for 12 visits exceeded the guidelines recommendations. Therefore, without evidences of objective functional improvement with the trial visits, the request for 12 Chiropractic Sessions are not medically necessary.