

<b>Case Number:</b>	CM15-0002079		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Virginia  
 Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported an injury on 08/13/2013. The mechanism of injury was not stated. The current diagnoses include a 5 mm lumbar disc herniation at L5-S1, acute lumbar strain, and left hip trochanteric bursitis. The injured worker presented on 11/24/2014, with complaints of lower back pain rated 7/10, with activity limitation. The injured worker has been previously treated with a lumbar epidural steroid injection, physical therapy, rest, and chiropractic treatment. The injured worker had finished a course of chiropractic therapy for the lumbar spine which improved. Upon examination of the lumbar spine, there was decreased range of motion, palpable muscular hypertonicity and tenderness over the lumbar paravertebral muscles and left sacroiliac articulation, and positive straight leg raise on the left at 60 degrees. Recommendations at that time included additional chiropractic therapy, twice per week for 6 weeks, for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for 2 times a week for 6 weeks for the lumbar:** 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.

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The current request for an additional 12 sessions of chiropractic therapy would exceed guideline recommendations. The injured worker has completed a previous course of chiropractic treatment. Although the injured worker reported an improvement in symptoms, there was no evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate at this time.