

<b>Case Number:</b>	CM15-0108498		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Minnesota  
 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 32 year old male who reported an industrial injury on 1/16/2015. His diagnoses, and/or impressions, are noted to include: multi-level lumbar discopathy without radiculopathy. Diagnostic imaging studies were stated to have been done on the date of injury. His treatments have included consultations; diagnostic studies; medication management; and rest from work. The progress notes of 4/17/2015 reported a follow-up visit for low back pain that is aggravated with activities, and abdominal pain secondary to hernia. Objective findings were noted to include a slightly antalgic gait; painful toe and heel walk; tenderness from the thoracolumbar spine down to the base of the pelvis; tight bilateral para-lumbar musculature; tender buttocks; the inability to fully squat due to pain; some tenderness on stress of the pelvis, indicating mild sacroiliac joint symptomatology; and decreased range-of-motion. The physician's requests for treatments were noted to include chiropractic treatments for the lower back for range-of-motion and strengthening of the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 4 to lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic therapy 2 times per week for 4 weeks or 8 visits (the U.R. doctor modified the visits to 2 x 3 or 6 visits which was according to the above guidelines.) Due to the doctors request for treatment not being according to the above guidelines, the treatment is not medically necessary and appropriate.