

<b>Case Number:</b>	CM15-0166195		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

This 26 year old female sustained an industrial injury to the low back on 4-8-13. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In an initial evaluation dated 6-30-15, the injured worker complained of ongoing low back pain that affected her ability to perform activities of daily living and interrupted her sleep. Physical exam was remarkable for spine with weak psoas muscles bilaterally and positive right Kemp's, straight leg raise and Yeoman's tests. Current diagnoses included moderate lumbar sprain and strain and sacroiliac joint segmental dysfunction. The treatment plan included chiropractic therapy twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic with modalities 2x4 weeks Mid back, Low Back, Sacrum, and both hips:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (mid back & sacrum also) 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 with modalities (patient is 2 months pregnant as of 6/30/15 report) of 2 times per week for 4 weeks or 8 visits to the mid back, low back sacrum and both hips. First of all, modalities are not recommended to these areas of the spine with the patient being 2 months pregnant (according to the records). The requested treatment (8 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary.