

<b>Case Number:</b>	CM15-0189621		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/29/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

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 41 year old male who sustained an industrial injury on 5-29-15. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar strain and lumbago. Medical records dated 7-29-15 indicate "low back pain... overall 90% better." Records indicate improving of the injured workers activities of daily living. Provider documentation dated 7-29-15 noted the work status as "He may return to work without any work restrictions." Treatment has included at least 6 chiropractic treatments, Etodolac and Metaxalone. Objective findings dated 7-29-15 were notable for lumbar paraspinals with pain upon palpation. The original utilization review (8-26-15) denied a request for Chiropractic three (3) times a week for two (2) 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 three (3) times a week for two (2) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with worsening of low back pain. According to the available medical records, the claimant had completed 6 chiropractic treatment on 07/29/2015 with functional improvement, the claimant report 90% improvement in symptoms and he was release back to work full duties. Current progress report dated 08/19/2015 by the treating doctor noted worsened low back pain, however, there is no loss of range of motion, no functional deficits, and the claimant could go back to work full duty. The request for 6 visits also exceeded MTUS guidelines recommendation for flare-ups, therefore, it is not medically necessary.