

<b>Case Number:</b>	CM15-0020796		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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:

According to the available medical records, this is a 60 year old female with chronic low back pain, date of injury is 05/12/2013. Previous treatments include chiropractic, physiotherapy, and home exercises. Progress report dated 01/20/2015 revealed patient experienced an acute flare-up with constant back pain, 8/10 on pain scale. Objective findings include slight to moderate tenderness in the lumbar and sacral region, lumbar region hypomobile, lumbosacral ROM decreased in pain in all ranges. Diagnoses include flare of pain in the lumbar spine and lumbar disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with acute flare-up of the low back pain. Previous chiropractic treatments documented as helpful. Current request is for chiropractic 2x per week for 2 week, total of 4 visits. While MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up, the request for 4 visits exceeded the guidelines recommendation; therefore, it is not medically necessary.