

<b>Case Number:</b>	CM15-0030645		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

### 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 sustained an industrial injury on 04/01/2014. Current diagnoses include lumbosacral strain, sacroiliac strain-left side, and potential left L5-S1 facet arthralgia. Previous treatments included medication management, injection, physical therapy, and chiropractic treatments. Report dated 01/06/2015 noted that the injured worker presented with complaints that included left low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/15/2015 non-certified a prescription for chiropractic treatments 1 time per week for 8 weeks to the lumbar spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1 time per week for 8 weeks for Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy \* manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 58-60.

**Decision rationale:** Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. With regards to low-back pain it is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case the IW has already had 8 chiropractic sessions without documentation of true functional improvement. The additional sessions are not medically necessary.