

<b>Case Number:</b>	CM15-0039624		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 45 year old male who sustained an industrial injury on February 19, 2010. He has reported back pain radiating to his left leg and has been diagnosed with status post L5-S1 anterior and posterior fusion with interbody spacer with failed back syndrome and chronic low back pain. Treatment has included medications, surgery, and physical therapy. Currently the injured worker had decreased range of motion to the lumbar spine due to pain. Straight leg test was negative bilaterally. Patrick test was negative at bilateral sacroiliac joints and hips. There was minimal tenderness at lower lumbar paraspinal muscle without muscle spasm. The treatment plan included chiropractic care, medications, TENS unit trial, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the low back (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**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 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 has requested 12 chiropractic treatment sessions over an unspecified period of time. The request is not according to the above guidelines and is therefore not medically necessary.