

<b>Case Number:</b>	CM15-0047804		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 34 year old male, who sustained an industrial injury on 1/5/2007. He reported back pain after unloading a truck. The injured worker was diagnosed as having a lumbar 4-5 laminectomy and discectomy, lumbar herniated nucleus pulposus, lumbar radiculopathy and lumbar stenosis. Recent magnetic resonance imaging of the lumbar spine showed lumbosacral disc desiccation. Treatment to date has included acupuncture, surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation), epidural steroid injection and medication management. Currently, the injured worker complains of low back pain that radiated to the knee. In a progress note dated 2/9/2015, the treating physician is requesting 8 sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2 x 4, Low Back 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy 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 is requesting chiropractic treatment 2 times per week for 4 weeks or 8 sessions of low back treatment. This request is not according to the above guidelines and therefore is not medically necessary.