

<b>Case Number:</b>	CM15-0055779		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 64-year-old male, with a reported date of injury of 05/09/2013. The diagnoses include left lumbar radiculopathy, and degenerative joint/degenerative disc disease of the lumbar spine with disc protrusions at L2, L3, L4, and L5. Treatments to date have included chiropractic treatment, physical therapy, and an MRI. The progress report dated 10/27/2014 indicates that the injured worker continued with self-treatment. The objective findings included a non-antalgic gait, ability to heel and toe walk without difficulty, mid left lower muscle spasm in the lumbar spine, tenderness to palpation in the left upper, mid and lower paravertebral muscles, increased pain with lumbar motion, and negative straight leg raise test. An examination of the pelvis showed no tenderness to palpation and no pain with compression of the pelvis. An examination of the hip showed no tenderness to palpation of the left hip, no irritability, no pain with resisted straight leg raise or axial compression, and full and symmetrical range of motion. There was decreased sensation in the left lower extremity, and some mild decrease sensation in the right L5 and S1 distribution. The treating physician requested twelve chiropractic treatments for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic treatments for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** Reviewed of the available medical records noted the claimant presented with flare-up of his low back pain. The claimant has had chiropractic treatment previously, however, there is no chiropractic treatment records available. The total number of visits is unknown and treatment outcomes are not known. The current request for 12 visits also exceeded the guidelines recommendation for 1-2 visits every 4-6 months for flare-up. Therefore, it is not medically necessary.