

<b>Case Number:</b>	CM15-0056238		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<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, Oriental 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 47 year old female, who sustained an industrial injury on 7/10/2014. She reported injury from being rear-ended while driving a bus. The injured worker was diagnosed as having a post-traumatic hyperextension/flexion injury, neck sprain/strain and lumbosacral sprain/strain. Cervical magnetic resonance imaging showed disc degeneration with mild disc protrusion and lumbar magnetic resonance imaging showed mild disc degeneration and mild disc bulging. Treatment to date has included chiropractic care and medication management. In a progress note dated 2/19/2015, the injured worker complains of low back pain with intermittent numbness in the bilateral lower extremities. The treating physician is requesting 2 chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 chiropractic 1 times for two weeks for the lumbar spine for submitted diagnosis of lumbosacral sprain as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2, Summary of Recommendations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute; Low Back-Lumbar and Thoracic (acute/chronic (updated 7/3/14).

**Decision rationale:** The UR determination of 3/13/15 denied additional Chiropractic care, 1x for 2 weeks (total 2 DOS) citing ACOEM/ODG Guidelines. The patient was under active care prior to this request for additional care with no submitted clinical evidence provided by the Chiropractic provider that the patient experienced objective clinical evidence of functional improvement with prior applied care sufficient to support additional care per CAMTUS Chronic Treatment Guidelines. The medical necessity for additional care, 2 DOS was not supported by the records reviewed or the CAMTUS Chronic Treatment Guidelines that require of the provider clinical evidence of functional improvement at the time of additional treatment requests.