

<b>Case Number:</b>	CM15-0056680		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 (IW) is a 27 year old individual who sustained an industrial injury on 06/05/2013. He reported back pain. The injured worker was diagnosed as having sprain/strain of the lumbar spine. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of non-radiating low back pain rated a 5/10. Chiropractic x6 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The claimant presented with persistent low back pain despite previous treatments with medications, chiropractic, and physical therapy. Previous chiropractic treatment records are not available for review, total number of visit completed is unknown, treatments outcomes and objective functional gains are unclear. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.

