

<b>Case Number:</b>	CM15-0080140		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 33 year old male, who sustained an industrial injury on 4/1/09. The injured worker was diagnosed as having lumbar spine disc bulges with radiculopathy. Treatment to date has included over the counter anti-inflammatories. Currently, the injured worker complains of frequent, moderate lower back pain with radiation, stiffness and discomfort. Physical exam noted severe to moderate palpable tenderness with slightly improved range of motion of lumbar spine. The treatment plan included a request for authorization for 6 chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, physiotherapy and therapeutic exercises, 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Page(s): 58-60, 98-99.

**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 6 additional visits of chiropractic care, physiotherapy and therapeutic exercises over an unspecified period of time. According to the records, the patient has received 16 visits over the last 12 months and not sure about the total number of visits since the patient's date of injury. The documentation also does not reveal objective functional improvement over the last 16 visits. The request for chiropractic treatment is not according to the above guidelines and therefore the treatment is not medically necessary.