

<b>Case Number:</b>	CM14-0126847		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 30 year old male patient with complains of low back pain, date of injury is 05/28/2014. Previous treatments include medication, chiropractic. Progress report dated 06/26/2014 by the treating doctor revealed patient with low back pain, 6/10, dull, moderately severe, intermittent, and exacerbated by movement and lessened by rest, the patient's condition has not improved significantly. Physical exam noted tenderness of the thoracolumbar spine and paravertebral musculature, there is no restriction of ROM of the back. Diagnoses include lumbar sp/st and lumbar radiculopathy. The patient returned to work with restriction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3x wk x 2wks Lower Back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Physical Methods.ODG (Official Disability Guidelines): Low Back ManipulationChiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The patient present with low back symptom, date of injury is on 05/28/2014. He has been treated with medications and chiropractic. The available medical records showed he started chiropractic treatment on 06/09/2014 and completed 6 chiropractic visits on 06/26/2014. The patient response is over all the same, no significant improvement. The patient's condition actually has worsened according to the progress report on 06/19/2014. Based on the guideline cited above, the request for additional 6 Chiropractic Therapy is not medically necessary due to lack of evidence of objective functional improvement with previous Chiropractic Therapy.