

<b>Case Number:</b>	CM14-0130741		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 66 year old female patient with chronic low back pain, date of injury 10/02/2011. Previous treatments include medications, chiropractic, physical therapy and home exercise programs. Progress report dated 06/03/2014 by the treating doctor revealed the patient returned due to an acceleration of her low back pain over the past few days with pain radiating into the left leg. Her low back pain radiates into the posterior surface of the left thigh with persistence of the numbness involving the lateral surface of her left foot. Physical examination revealed moderate left lower para lumbar tenderness with associated muscle guarding, additional tenderness extended over the left sciatic notch, sensation to light touch decreased involving the lateral surface of the left foot with some associated sensory disturbance involving the lateral plantar surface of the foot as well. Diagnoses include history of fall with: left ear laceration and forehead contusion, left wrist distal radius fracture, history of post injury left CTS with TFCC disruption and ECU tendinosis, lumbar radiculopathy with left hip contusion with left L5 radiculopathy, left knee contusion, left inguinal hernia and status post left carpal tunnel released. The patient is restricted to sedentary work. Maximum medical improvement is dated as of 10/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3X week X 3weeks Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** The medical records showed the patient has reached maximum medical improvement on 10/25/2013. She presents on 06//03/2014 with an acceleration of her low back pain. As the MTUS Chronic Pain Guidelines recommend 1-2 chiropractic treatments every 4-6 months for flares up of chronic low back pain, the request for 9 chiropractic therapy sessions exceeds the Guidelines' recommendation and therefore is not medically necessary.