

<b>Case Number:</b>	CM14-0146680		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 licensed 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 47 year old male with chronic low back and right shoulder pain, date of injury is 12/04/2012. Previous treatments for the lumbar spine include chiropractic, physical therapy, medications, injections, and home exercises program. Progress report dated 07/28/2014 by the treating doctor revealed the patient continues to have pain and discomfort in the low back for which he has been undergoing chiropractic treatment with pain relief. Examination of the lumbar spine revealed very mild loss of lumbar lordosis, paraspinous tenderness is noted, decreased flexion and extension of lumbar spine. Diagnoses include multilevel degenerative disc disease without left S1 radiculopathy, left knee meniscus tear, status post arthroscopy, status post multiple pelvic fractures after traumatic injury, right testicular pain, right shoulder impingement with history of trauma. The patient remained on light duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 2xWk X 4Wks. to the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant presents with low back pain that is permanent and stationary per QME report dated 06/18/2014. Reviewed of the available medical records also noted that the claimant had completed 14 chiropractic visits, concurrent with physical therapy program, with objective functional improvements. Based on the fact that the patient is permanent and stationary, no further improvement is expected, and the request for additional 8 chiropractic visits exceed the total number of visits recommended by MTUS guidelines, it is not medically necessary.