

<b>Case Number:</b>	CM14-0153451		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 40 year old male patient with chronic low back pain due to an industrial injury on date of injury is 09/20/2012. Previous treatments include medications, lumbar support, L5-S1 discectomy and laminectomy, chiropractic, physical therapy, and home exercise program. Progress report dated 06/23/2014, by the treating doctor revealed patient with lumbar spine pain radiating to the right lower extremity, difficulty with sit, stand, walk, bend/stoop, heavy lifting, carrying and repetitive motion, pain level is 9/10, constant, severe, dull, sharp, weakness, achy and soreness. Exam revealed low back tender to palpation with myospasm, positive straight leg raise, decreased AROM, right L5 motor weakness, and decreased sensory on right S1 dermatomes. Diagnoses include lumbar sp/st with right lower extremity radiculopathy, status post L5S1 discectomy and right L5 laminectomy, and bilateral knee internal derangement. The patient remained temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic myofascial release sessions with exercises, modalities, and manipulation for the low back:** 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 Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records showed this patient has had chiropractic treatment previously, however, prior chiropractic treatment records are not available for review. The patient continued to have ongoing low back pain that radiated to the lower extremity despite having surgeries, medications, physical therapy, and home exercises. The request for 12 chiropractic visits also exceeded the guideline recommendation of 6 trial visits over 2 weeks and with evidences of functional improvement. Therefore, it is not medically necessary.