

<b>Case Number:</b>	CM14-0163411		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 32 year old male with chronic low back pain, date of injury is 12/06/2013. Previous treatments include physical therapy, chiropractic, medications and home exercises. Progress report dated 07/14/2014 by the treating doctor revealed patient with intermittent moderate mid back and low back pain. Lumbar ROM: flexion 75/40, extension 30/20 with pain at L5, muscle spasm grade 2 L1-L5, +2 tender to palpation L1-L5. Diagnoses include IVD, radiculitis and muscle spasm. The patient remained off-work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Chiropractic visits over 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 62.

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

**Decision rationale:** The claimant presents with ongoing low back complain that failed to resolve with physical therapy, medications and chiropractic. There are some improvements in the patients' subjective complaint and ROM, however, the patient remained off-work and pending consultation with a neurosurgeon. Reviewed of the available medical records showed the

claimant has completed 17 chiropractic visits from 06/19/2014 to 09/10/2014. Based on the guidelines cited above, additional 3 chiropractic visits exceeded the guideline recommendation for treatments. Therefore, the requested Chiropractic visits are not medically necessary.