

<b>Case Number:</b>	CM14-0094330		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 46 year-old individual was reportedly injured on 10/26/2005. The most recent progress note, dated 4/18/2014 was not submitted for review. Patient currently complains of chronic low back pain that radiates down the left lower extremity. Therefore, the utilization review dated 5/23/2014 was utilized. The physical examination demonstrated positive tenderness to palpation around the L5. Radicular symptoms down the left lower extremity in an S1 nerve root distribution. No recent diagnostic studies were available for review. Previous treatment includes physical therapy, medication, and conservative treatment. A request had been made for chiropractic care two times a week for six weeks, total of 12 sessions, and was not certified in the pre-authorization process on 5/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127..

**Decision rationale:** CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, the patient is currently participating in physical therapy as well. As such, this request is not medically necessary.