

<b>Case Number:</b>	CM13-0064536		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 injured worker (IW) is a 27-year-old male who sustained an industrial injury on 10/01/2012. The IW's injury involved the lumbar spine. Diagnoses include lumbago and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, chiropractic treatment and epidural steroid injection. An MRI and electromyogram (EMG) were performed. According to the progress notes dated 10/2/13, the IW reported constant, moderate low back pain with radiation to both legs, left greater than right; there was numbness, tingling and weakness in the left leg. He noted 50% pain relief from the epidural steroid injection performed on 9/10/13. Muscle relaxants and Neurontin were not beneficial. The requested service was part of the provider's conservative treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Physiotherapy (10-sessions, twice a month for 5 months, for the lumbar spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 10 chiropractic physiotherapy to the lumbar spine, twice a month for 5 months. The request for treatment is not according to the above guidelines and is therefore not medically necessary.