

<b>Case Number:</b>	CM14-0210119		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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

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:

According to the available medical records, this is a 36 year old male with chronic low back pain and left knee pain, date of injury is 03/02/2014. Previous treatments include medications, physical therapy, chiropractic, and modified work. Progress report dated 10/16/2014 by the treating doctor revealed patient continues to have low back pain and tightness. Examination revealed tender in and about L4-S1 region just lateral to the midline structures, left knee markedly tender along the medial collateral ligaments as well as medial femoral condyle. Progress report dated 11/17/2014 revealed patient continues to have low back pain, he nearly completed 8 chiropractic visits which he is feeling a little bit better, he continues to have some fairly intense muscle spasms and he still is really quite uncomfortable in any one position for any length of time. Examination revealed he is exceedingly tender to palpation in the right L4-S1 iliac crest region, moderate tenderness along the right gluteal muscle origin. Assessment include low back pain, back strain, left knee strain, and meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic 2 x 4, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The claimant presented with ongoing lower back pain and left knee pain despite previous treatments with medications, physical therapy, and chiropractic. According to progress report dated 11/17/2014, the claimant is completing his series of 8 chiropractic treatments with feeling a little bit better; there are no evidences of objective functional improvement noted. Based on the guidelines cited, the request for additional 8 chiropractic treatment is not medically necessary.