

<b>Case Number:</b>	CM15-0007714		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 5/28/2014 from a fall. The diagnoses have included lumbosacral neuritis. Treatment to date has included medications and epidural steroid injection. Magnetic resonance imaging (MRI) of the lumbar spine dated 7/02/2014 revealed multilevel lumbar disc protrusions with moderate spinal central stenosis and bilateral neural foraminal narrowing. EMG (electromyography)/NCV performed on 7/14/2011 showed an abnormal EMG, active degenerative potentials in bilateral lower extremities, and nerve conduction study normal. Currently, the IW complains of sharp, constant, "mild" pain rated as a 6/10 in the lower back region. There are no paresthesias, numbness, tingling or radiation. Objective findings included pain and spasms to the thoracolumbar and paravertebral musculature. There is no restriction of range of motion to the back. On 1/07/2015, Utilization Review modified a request for 8 chiropractic sessions for the lumbar spine noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/13/2015, the injured worker submitted an application for IMR for review of 8 chiropractic sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Therapy Sessions for the Lumbar Spine:** 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 Manual. Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with ongoing low back pain despite previous treatments with medications, injections, and physical therapy. There is no document of prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for lower back pain, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.