

<b>Case Number:</b>	CM15-0008513		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, 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 is a 39 year old male, who sustained an industrial injury on 9/27/2013. The current diagnoses are chronic lumbosacral segmental dysfunction and sciatica. According to the progress report dated 12/29/2014, the injured worker complains of occasional slight-to-moderate low back pain. The pain can radiate to the right leg, extending to the ankle when at its worst. The level of pain is not rated. The physical examination of the lumbosacral region demonstrated mild tenderness to palpation over the sacroiliac joints bilaterally. There is a mild level of edema palpated in the right sacroiliac joint. The lumbar paraspinal musculature was mildly tender with a +1 level of rigidity. Lumbar range of motion was mildly restricted with forward flexion and extension. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy, transforaminal epidural steroid injection (temporarily worsened his overall condition), and chiropractic (7-10 day window of minimal pain post treatment). The plan of care includes 6 chiropractic sessions to the lumbosacral region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1 Time A Week for 6 Weeks for The Lumbosacral:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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 Chiropractic care 1 time per week for 6 weeks (instead of 6 visits in 2 weeks) for the lumbosacral spine. The treatment request for chiropractic care is not according to the above guidelines and therefore the treatment is not medically necessary.