

<b>Case Number:</b>	CM15-0107674		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 66 year old male, who sustained an industrial/work injury on 9/6/13. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar strain, scoliosis of the lower thoracic and lumbar spine, herniated disc at L4-5 with root impingement, facet hypertrophy at L4-5 narrowing both neural foramina, multiple sUBLuxations with posterior disc protrusions and lateral disc osteophyte spurring narrowing the neural foramina. Treatment to date has included medications, chiropractic care, and physical therapy. MRI results were reported on 10/15/13 that revealed scoliosis, degenerative changes, multiple sUBLuxations, and a herniated disc at L4-5 causing compression of the right nerve root. Currently, the injured worker complains of moderate low back pain, worse with bending, and improved with stretching. Pain was reported as 3/10 that has increased in the lumbar spine. Per the primary physician's progress report (PR-2) on 4/3/15, examination noted tenderness with palpation in lumbar region with range of motion full with mild low back pain on end range, negative straight leg raise, and light touch is intact to the lower extremities. Heel to toe walk was possible and gait was normal with no changes on exam. Current plan of care included request for chiropractic treatment and analgesics. The requested treatments include Chiropractic treatment, Lower Back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, Lower Back, 12 visits: 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 and Manipulation Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic low back pain. Previous treatments include medications, chiropractic, and physical therapy. Reviewed of the available medical records showed the claimant recently completed 6 chiropractic visits, however, the current progress report noted exacerbation of symptom. There is no treatment records and document of objective functional improvement for previous chiropractic visits. Based on the guidelines cited, the request for additional 12 chiropractic treatments is not medically necessary.