

<b>Case Number:</b>	CM15-0014036		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2015

### 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: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 47 year old female who was involved in a work related accident on 9/26/13. Mechanism of injury is noted as being due to lifting a 40-50lb bag of vegetables when she felt a popping sensation and immediate low back pain. She was evaluated at an occupational clinic 22 days later. Treatment since that time has included, medications, MRI, x-rays, physical therapy, TENS, epidural injection, work conditioning and chiropractic therapy. Current diagnoses include lumbar sprain/strain and lumbar radiculopathy. UR decision dated 1/9/15 non-certified request citing lack of functional improvement from adequate trial of 6 visits and MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Chiropractic treatment x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The injured worker has undergone an initial trial of 6 chiropractic visits with no documentation of functional improvement. MTUS notes that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Due to the lack of functional improvement the request for an additional 6 visits is not medically necessary.