

<b>Case Number:</b>	CM15-0111066		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 44 year old male with an industrial injury dated 01/09/2014. The injured worker's diagnoses include left leg radiculopathy and rule out neurologic compression. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported left low back pain radiating to the left lower extremity. Objective findings revealed decrease and painful range of motion, tenderness at L5 paraspinal muscles, decrease sensation of the L5- S1 dermatomes and positive straight leg raises on the left. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for chiropractic x 12 sessions for lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 12 sessions for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

**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 has requested 12 sessions of chiropractic for the lumbar spine over an unspecified period of time. The patient had 12 sessions of prior chiropractic care approved on 5/4/15 and the doctor did not document objective functional improvement from these visits. The 12 additional visits also exceed the total of 18 visits over 6-8 weeks according to the above guidelines. The request for treatment above is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.