

<b>Case Number:</b>	CM15-0116453		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/04/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, 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:

The injured worker is a 43-year-old female, who sustained an industrial injury on 10/4/14. The injured worker has complaints of low back pain right side that occasionally radiates to right buttocks. The documentation noted tenderness to palpation over the lumbar paraspinal, tenderness to palpation over the quadratus lumborum and trigger points noted in six distant muscle groups of the lumbar spine. The documentation noted limited range of motion of the lumbar spine, limited by pain. Straight leg raise is positive. The diagnoses have included lumbar spine sprain/strain. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the lumbar spine on 2/26/15; rest; heat; cold and medications and injections. The request was for chiropractic 3 x week x 4 week's cervical spine/thoracic spine/lumbar spine. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 x week x 4 weeks cervical spine/thoracic spine/lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM).

**Decision rationale:** The UR determination dated 5/13/15 denied the request for an initial trial of Chiropractic care to the patients cervical, thoracic and lumbar spines citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records supported the initiation of treatment but the requested exceeded guideline recommendation for an initial trial of care. No clinical evidence of medical necessity was provided to exceed CAMTUS Chronic Treatment Guidelines leaving the request for 12 sessions of Chiropractic care denied. The request is not medically necessary.