

<b>Case Number:</b>	CM15-0118925		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 57 year old male with an industrial injury dated 04/23/2014. The injured worker's diagnoses include lumbar disc displacement. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported low back pain, stiffness and numbness on the right ankle and bottom of the foot. Objective findings revealed pain at the endpoint of lumbar motion, tenderness to palpitation over the right sciatic notch and the right paralumbar musculature, diminished sensation in right L5-S1 distribution, and positive straight leg raises in the right lower extremity . The treating physician prescribed services for chiropractic treatment 2 times a week for 4 weeks of the 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 treatment 2 times a week for 4 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 treatment 2 times per week for 4 weeks or 8 treatments to the lumbar spine. The requested treatment is not according to the above guidelines (6 trial treatments over 2 weeks), and therefore the requested treatment is not medically necessary and appropriate.