

<b>Case Number:</b>	CM15-0119094		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<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

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:

This 58 year old female sustained an industrial injury on 12/09/11. She subsequently reported pain. Diagnoses include lumbar spine herniated disc. Treatments to date include MRI and x-ray testing, back surgery, injections, physical therapy, chiropractic, and prescription pain medications. The injured worker continues to experience right foot pain. Upon examination, an antalgic gait was noted. There was tenderness to palpation over the paravertebral muscles with spasm and guarding. There is hyperesthesia over the anterolateral aspect of both calves. Straight leg raise is decreased to 20 degrees bilaterally. A request for Chiropractic x12 visits for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x12 visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

The Expert Reviewer based his/her decision on the MTUS; Manual Therapy Page(s): 58-59.

**Decision rationale:** The claimant presented with intense flare-up of her chronic low back pain. Reviewed of the available medical records, showed previous treatments include chiropractic, however, total number of visits and treatment outcomes are not available. Current request for 12 visits also exceeded MTUS guidelines recommendation of 1-2 visits every 4-6 months for flare-ups. Therefore, it is not medically necessary.