

<b>Case Number:</b>	CM15-0124850		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 2/10/14. She reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included physical therapy, a home exercise program, chiropractic treatment, and medication. Physical examination findings on 5/21/15 included spasms were present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities with numbness and tingling. The treating physician requested authorization for chiropractic therapy for the low back 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for the low back, twice a week for three weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing low back pain with radiculopathy. Reviewed of the available medical records showed the claimant had chiropractic treatments before, however, total number of visits are unclear. The claimant recently completed another 6 chiropractic visits with no evidences of objective functional improvements. Treating doctor progress report noted no improvement in low back pain. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.