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| <b>Case Number:</b>   | CM15-0127064 |                              |            |
| <b>Date Assigned:</b> | 07/13/2015   | <b>Date of Injury:</b>       | 11/09/1999 |
| <b>Decision Date:</b> | 08/13/2015   | <b>UR Denial Date:</b>       | 06/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2015 |

### 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 male, who sustained an industrial injury on 11/9/99. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy, lumbosacral sprain/strain, and sacroiliac sprain/strain. Treatment to date was not discussed in the submitted medical records. Physical examination findings on 5/20/15 included tenderness over the lumbar spine at L5-S1 with poor motion. Currently, the injured worker complains of low back pain. The treating physician requested authorization for chiropractic treatment x 1 (exam PR-2, adjustment, ultrasound, traction, and electrical muscle stimulation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment times one (Exam PR-2, Adjustment, US, Traction, EMS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300

**Decision rationale:** The claimant presented with flare up of chronic low back pain. Reviewed of the available medical records showed he has had periodic chiropractic visits for prior flare ups on 12/15/2014, 01/12/2015, and 02/20/2015. While the current additional chiropractic manipulation visit request exceeded the MTUS guidelines recommendation for flare ups, ultrasound and traction are not recommended by the guidelines cited above. Therefore, the request for chiropractic treatment with ultrasound, traction, and EMS is not medically necessary.