

<b>Case Number:</b>	CM15-0128840		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 41-year-old female who sustained a work related injury January 6, 2014. While working as a housekeeper and lifting, she developed pain in her lower back. She underwent 6 sessions of acupuncture with no pain relief, 12 sessions of chiropractic treatment, which provided mild pain relief, and manual therapy. According to a pain management initial consultation, dated May 21, 2015, the injured worker presented with complaints of chronic progressive pain in the low back over the past year. The pain radiates down the right lower extremity and is associated with numbness and tingling in the right leg. Physical examination revealed the injured worker is 230 pounds and ambulates with a slowed gait without the use of assistive device. The lumbar spine range of motion revealed flexion 60-60 degrees, extension 15-25 degrees, right lateral bend 20-25 degrees and left lateral bend 15/25 degrees. Straight leg raise is positive in the seated and supine position, at 65 degrees on the right. Sensory examination is diminished in the right L5-S1 dermatomes of the lower extremity. Diagnosis is documented as lumbar radiculopathy. Treatment plan included electrodiagnostic studies of the right lower extremities, medications, and possible epidural steroid injections. At issue, is the request for authorization for Chiropractic treatment for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1 time a week for 6 weeks for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain.

**Decision rationale:** The claimant presented with chronic low back pain despite previous treatments with medications, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant has completed 12 chiropractic sessions with no evidences of objective functional improvements. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.