

<b>Case Number:</b>	CM15-0178411		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 36 year old female, who sustained an industrial injury on June 4, 2014. She reported low back pain radiating to the right lower extremity. The injured worker was diagnosed as having lumbar strain and sprain and myospasms. Treatment to date has included diagnostic studies, H-wave device, physical therapy, acupuncture therapy, chiropractic care, TENS unit, home exercises, medications and work restrictions. It was noted the TENS unit, physical therapy and medications failed to provide relief. Currently, the injured worker continues to report low back pain with associated right lower extremity pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on May 6, 2015, revealed continued pain as noted. It was noted he was last seen in December of 2014 and she reported there had been no change since the last visit. It was noted straight leg raise test was positive at 80 degrees. It was noted she had spasm and tenderness noted on palpation of the right low back. She was noted to ambulate without devises with a normal gait. Lumbar facet loading was noted as positive on the right. Chiropractic care was recommended. Evaluation on July 8, 2015, revealed she had functional gain with treatments however, the type of treatment was not specified. The RFA included requests for Chiropractic manipulation for the low back x12 and was non-certified on the utilization review (UR) on August 8, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation for the low back x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**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 up to 18 visits over 6-8 weeks. The doctor has requested 12 chiropractic manipulations for the low back. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.