

<b>Case Number:</b>	CM15-0060822		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 28-year-old female with an industrial injury dated September 7, 2013. The injured worker diagnoses include herniated nucleus pulposus of the lumbar spine. She has been treated with medications, physical therapy, diagnostic studies and periodic follow up visits. According to the progress note dated 3/04/2015, the injured worker reported low back pain radiating to the right buttock region. Objective findings revealed tenderness of the lumbar spine and resisted range of motion secondary to pain. The treating physician prescribed services for chiropractic treatment for the lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Chiropractic Treatment Sessions, Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter; Chiropractic guidelines; Physical Therapy.

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

**Decision rationale:** The claimant presented with ongoing pain in the low back despite previous treatments with medications, TENS unit, and physical. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvement with the trial visits, the request for 12 visits is not medically necessary.