

<b>Case Number:</b>	CM15-0066408		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Oriental Medicine

### 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 50-year-old male, who sustained an industrial injury on November 30, 2012. The injured worker has been treated for low back pain. The diagnoses have included lumbago, lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbosacral sprain/strain and chronic lumbar degenerative disc disease. Treatment to date has included medications, radiological studies, home exercise program, epidural injections, physical therapy, chiropractic treatment and a lumbar microdiscectomy. Current documentation dated March 5, 2015 notes that the injured worker reported not having any real pain, but some picky feelings in the back area. The injured worker was also noted to not be having any difficulties doing normal work or activities. Examination of the low back revealed no tenderness or spasms. Neurological findings were normal. The treating physician's plan of care included a request for chiropractic treatment # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 chiropractic treatments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 3/10/15 denied the request for an additional 6 Chiropractic visits citing CA MTUS Chronic Treatment Guidelines. The PR-2 requesting additional care dated 3/6/15 did not address any residual subjective complaints or examination deficits necessitating further care. The reviewed medical records failed to address the medical necessity for further Chiropractic care or support for additional care based on the referenced CA MTUS Chronic Treatment Guidelines. Therefore is not medically necessary.