

<b>Case Number:</b>	CM15-0066687		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 an industrial injury on 10/6/2014. The current diagnoses are lumbar spine sprain/strain with left sciatic, rule out left L5 radiculopathy. According to the progress report dated 3/23/2015, the injured worker complains of low back pain with radiation to the left lower extremity associated with numbness. The pain is rated 4/10 on a subjective pain scale. Treatment to date has included X-rays, MRI studies, physical therapy (worsened symptoms), and chiropractic (mildly helpful). The plan of care includes 6 additional chiropractic sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, Lumbar Spine, 2 times weekly for 3 weeks (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The claimant presented with persistent low back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed she has had 6 chiropractic, however, subjective and objective exam findings remained unchanged. Based on the guidelines cited, the request for additional 6 sessions of chiropractic is not medically necessary due to any evidences of objective functional improvements with prior chiropractic treatments.