

<b>Case Number:</b>	CM15-0066835		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/27/2015
<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:

This 55 year old male sustained an industrial injury on 9/19/08. He subsequently reported low back pain. Diagnoses include lumbar sprain and lumbosacral degenerative disc disease. Treatments to date have included x-rays, MRIs, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left lower extremity. A request for Chiropractic x6 sessions for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x6 sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**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 persistent low back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had 55 sessions of chiropractic treatments. However, there is no changes in objective exam findings, subjective pain level remained the same, and no changes in medications intake. Based on the guidelines cited, the request for additional 6

sessions of chiropractic treatment is not medically necessary due to any evidences of objective functional improvement with prior chiropractic treatments.