

<b>Case Number:</b>	CM15-0068637		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/01/2007
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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  
 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 female, who sustained an industrial injury on 09/01/2007 she complained of injury to the lumbar spine. On provider visit dated 02/26/2015 the injured worker has reported ongoing low back pain. On examination of the lumbar spine revealed tenderness to lumbar facet joints and low back pain on extension. The diagnoses have included lumbar spondylosis. Treatment to date has included medication, home exercises program, physical therapy and chiropractic therapy. The provider requested Chiropractic Treatment to the lumbar spine, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment to the lumbar spine, 12 sessions:** 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 3/12/15 denied the request for Chiropractic care 1 visit per month for 12 months citing CAMTUS Chronic Treatment Guidelines. The UR review addressed the patient receiving Chiropractic care and physical therapy out of pocket along with the taking of medications; a home program of stretching is ongoing. The reviewed medical records do not establish the medical necessity for monthly Chiropractic manipulation for 12 months with care contrary to CAMTUS Chronic /treatment Guidelines. Care best represents maintenance care, which is not supported by addressed CAMTUS Chronic Treatment Guidelines.