

<b>Case Number:</b>	CM15-0077192		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 (IW) is a 44-year-old male who sustained an industrial injury on 01/09/2014. Diagnoses include lumbar sprain/strain, myospasm, lumbar disc protrusions, lumbar facet hypertrophy, lumbar spinal and neural foraminal stenosis and lumbar spondylosis. Treatment to date has included medications, acupuncture, physical and aqua therapy, epidural steroid injections, chiropractic treatment, lumbar support and home exercise. Diagnostics included MRIs and x-rays. According to the progress notes dated 3/23/15, the IW reported frequent severe dull, achy low back pain, stiffness and cramping. A request was made for chiropractic three times weekly for four weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times a week for 4 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**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 4/15/15 UR determination to deny additional Chiropractic care, 12 sessions cited CA MTUS Chronic Treatment Guidelines. Prior to this request for additional care, the patient was under Chiropractic management for lumbar spine spondylosis without myelopathy, 6 sessions certified. The CAMTUS Chronic Treatment Guidelines support an initial trial of Chiropractic care, 6 sessions with evidence of functional improvement prior to consideration of additional care if requested. The reviewed medical records failed to establish the medical necessity for additional treatment without evidence of functional improvement as outlined in the CA MTUS Chronic Treatment Guidelines.