

<b>Case Number:</b>	CM15-0078819		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Minnesota  
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 66 year old male, who sustained an industrial injury on 12/21/2007. He has reported subsequent low back pain and was diagnosed with lumbar strain and facet arthropathy. Treatment to date has included oral and topical pain medication and bracing. In a progress note dated 03/19/2015, the injured worker complained of low back pain. Objective findings were notable for decreased range of motion of the lumbar spine and tenderness of the facets and paraspinal musculature. A request for authorization of 10 visits of chiropractic therapy was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9592.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 10 chiropractic treatments over an unspecified period of time. It is not clear how much previous care the patient has received and how the patient responded to that care using objective functional improvement. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.