

<b>Case Number:</b>	CM15-0092494		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 25-year-old female who sustained an industrial injury on 7/10/14 noting lumbar spine pain when lifting boxes. She was medically evaluated and received radiographs, medication and a recommendation for physical therapy was made. She returned to work with restrictions, which the employer could not accommodate. She was referred to pain management and underwent an epidural steroid injection with no relief. She currently complains of constant, moderate low back pain, which radiates to her buttocks bilaterally with numbness and tingling. She has limited range of motion of the lumbar spine and reports sleep difficulties secondary to pain. She has difficulty with self-care and activities involving prolonged squatting, bending, stair climbing, and driving, sexual activity. Medications include Nalfon, Flexeril, and Prilosec. Diagnoses include lumbar sprain; facet hypertrophy. Treatments to date include chiropractic treatments, steroid injection, physical therapy, home exercise, lumbar brace and medication. Diagnostics include x-ray of the lumbosacral spine is unremarkable. In the progress note, dated 3/20/15 the treating provider's plan of care includes a request for completion (3 sessions) of chiropractic treatments to determine the overall benefit. Utilization review dated 4/6/15 reviewed a request for additional chiropractic treatments 2X3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2x wk x 3 wks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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 requested chiropractic therapy 2 x per week for 3 weeks or 6 treatments. The request for treatment is within the above guidelines and therefore the treatment requested is medically necessary. In order to receive further treatment the doctor needs to document objective functional improvement as well as the number of visits utilized for this flare up.