

<b>Case Number:</b>	CM15-0092945		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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:

The injured worker is 29 year old male with an industrial injury dated 01/14/2015. His diagnosis is sprain/strain, lumbar. Prior treatment included medications and brace. He presents on 03/06/2015 stating he has no significant improvement since his last visit. He describes the pain is sharp and mild. He was working regular job duties. His medications included Nabumetone and Cyclobenzaprine. Physical exam revealed ambulation with a normal gait with full weight bearing on both lower extremities. There was no weakness of the lower extremities. There was no restriction of range of motion of the back. Sensation was intact to light touch and pin prick of the bilateral lower extremities. The note dated 03/06/2015 is the most recent note available in relation to the request. The injured worker had not started chiropractic treatment at that time. The request is for 8 sessions of initial chiropractic care two times per week for four weeks to the lumbar spine as outpatient (Rx date: 04/25/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of initial Chiropractic care 2 x per week x 4 weeks to the lumbar spine as outpatient (Rx date: 4/28/2015): 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 Manual Therapy.

**Decision rationale:** The claimant presented with low back pain that has not been improved with medications. Current progress report dated 03/06/2015 did not revealed any objective functional deficits, only subjective complain of back pain, and the claimant was working regular job duties. The current treatment plan does not include therapeutic exercises and recommendation of 8 chiropractic sessions also exceeded MTUS guidelines recommendation for initial chiropractic treatment of 6 visits over 2 weeks. Therefore, the request for chiropractic care 2x per week for 4 weeks is not medically necessary.