

<b>Case Number:</b>	CM14-0151316		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 56 year old male with chronic low back pain; date of injury is 02/18/2013. Previous treatments include medications, chiropractic, home exercises, physical therapy, and acupuncture. Progress report dated 02/24/2014 by the treating doctor revealed claimant with painful condition about the lower back, he is doing well with chiropractic manipulation, and he continues with chiropractic manipulation and a home exercise program. Physical examination revealed lumbar paraspinal tenderness to palpation, painful ROM: flexion 60, extension 20, lateral bending 20 bilaterally. Diagnosis is lumbar disc bulge, with sciatica. Treatment plan include continues chiropractic and home exercise, and medications. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Chiropractic manipulation sessions of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records showed this patient has started chiropractic treatment since September 2013 and continue to receive treatment to date. It is unclear how many chiropractic treatment he has completed. However, there are no evidences of objective functional improvement documented. The patient continues to have ongoing low back pain and remained off work. Based on the guideline cited above, the request for additional 8 chiropractic manipulation sessions for lumbar spine is not medically necessary.