

<b>Case Number:</b>	CM13-0043399		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Care 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:

The patient injured his neck, upper back and lower back on September 19, 2013. The patient had complaints of cervical symptoms, which the patient describes as constant dull pain, sharp at times with pain into the right and left trapezius region and into his occipital region, lumbosacral symptoms, which the patient describes as constant pain with radiations into the left lower extremity, and headaches with frequent occipital pain. The patient has been treated with medications, home exercise programs and 12 sessions of chiropractic care. The patient's diagnoses included lumbosacral sprain/strain, lumbosacral radiculitis, cervical sprain/strain, myalgia/myositis, lumbar intervertebral disc displacement without myelopathy, headaches, subluxation of sacrum, cervical subluxation and lumbar subluxation. The primary treating physician is requesting 12 chiropractic sessions to the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL CHIROPRACTIC SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, 298-300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Section.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines recommend manipulation with evidence of objective functional improvement, 18 visits over 6-8 weeks. The ODG recommends 1-2 visits every 4-6 months, for flare-ups and recurrences, if a return to work had been achieved, with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. Pain levels have decreased, range of motion has been improved and patient has been returned to modified duty. Therefore, the requested additional Chiropractic sessions are medically necessary and appropriate.