

<b>Case Number:</b>	CM13-0070803		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Board Certified in Chiropractic Medicine, and is licensed to practice in Texas. 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 injured worker is a 33-year-old who reported an injury on November 11, 2010 after a trip and fall. The injured worker's treatment history included extensive chiropractic sessions, extensive physical therapy sessions, medications, TENS unit, epidural steroid injections, medial branch blocks, activity modifications, and H-wave therapy. The injured worker was evaluated on December 18, 2013. It was documented that the injured worker had 2/10 pain. Physical findings of the cervical spine included restricted range of motion secondary to pain. Examination of the thoracic spine documented full range of motion with no evidence of tenderness of the spinous process or paraspinal musculature. Evaluation of the lumbar spine documented limited range of motion secondary to pain with tenderness to palpation of the left side of the paravertebral musculature, and a positive left-sided facet loading test. The injured worker had tenderness to palpation over the bilateral facet joints with left being greater than the right. The injured worker's diagnoses included lumbar radiculopathy, lumbar facet syndrome, low back pain, sacroiliac pain, shoulder pain, cervical pain, cervical radiculopathy. The injured worker's treatment recommendations included a cervical MRI due to persistent back pain, continued use of a TENS unit, and continued medications. The injured worker was evaluated on December 19, 2013. Physical findings included pain to the left L4-5 and right L5-S1 paraspinal musculature with a positive straight leg raising test at 45 degrees to the left and 55 degrees to the right with left-sided tenderness to the sacroiliac joint and left leg weakness with swelling at the L5-S1 level. A request was made for chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends one to two visits of chiropractic treatment if return for acute exacerbations of chronic pain if return to work is achieved. The clinical documentation submitted for review does not clearly indicate that the injured worker has returned to work. Also, the efficacy of prior treatment is not established. Additionally, the request as it is submitted does not clearly identify a number of treatments or an application of body part. In the absence of this information, the appropriateness of the request cannot be determined. The request for chiropractic therapy is not medically necessary or appropriate.