

<b>Case Number:</b>	CM13-0071214		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/16/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Chiropractor 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 is a 60 year old male who was injured on 06/21/2013. The patient was hit by a motor vehicle moving at slow speed while working as a security guard, and he fell, sustaining injury to his low back and left wrist. Diagnostic studies reviewed include MRI of the lumbar spine performed 10/23/2013 revealed annular tear with a 4 mm broad posterior disc protrusion at L5-S1 which abuts bilateral S1 nerve roots; annular tear with a 2-3 mm broad posterior central disc protrusion at L4-5 which indents the anterior thecal sac. PR2 dated 07/29/2013 indicated the patient had a total 6 visits of daily chiropractic treatment. The patient had tenderness to palpation over the lumbar spine. PR2 dated 09/26/2013 indicated the patient had initial chiropractic evaluation. The patient's treatment plan consisted of CMT of C5-C7, L4-L5 and infrared therapy, electrical stimulation, therapeutic exercise and MFRT. During the chiropractic treatment the patient was receiving, there was no documentation of functional improvement (PR2's dated through 10/30/2013). The patient continued to have decreased range of motion, complaints of pain in the neck, mid back, low back and left wrist and palpable tenderness of the spine. On 10/03/2013 the patient had an ortho consult which documented his condition had not improved significantly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE DECISION FOR 8 CHIROPRACTIC TREATMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, (May 2009), Manual Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60.

**Decision rationale:** As per CA MTUS guidelines, an initial trial of 6 visits over 2 weeks for chiropractic care is recommended with evidence of objective functional improvement for total of 18 visits over 6-8 weeks. The provider noted on 11/20/2013 that the patient has completed his previous Chiropractic treatments 6/6 and Chiropractic treatments X12 approved on 09/10/2013. The records are unclear as to the number of sessions the patient completed. The provider reported subjective improvement in the patient's neck and lower back pain. The records also reveal that on 10/23/2013, the patient was working without limitations. The provider further stated he expected this patient to transition to an independent home exercise program. Since the patient is improved to the point where he can transition to a [REDACTED] and is currently working without limitations, there would be no need for continued care, therefore, the request for 8 Chiropractic treatments for cervical and lumbar spine is non-certified.