

<b>Case Number:</b>	CM14-0000637		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Board Certified in Orthopedic Surgery 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 injured worker is a 28-year-old female was reportedly injured on October 12, 2012. The mechanism of injury was noted as progressive onset of low back pain after lifting a 30 pound box at work. The most recent progress note dated November 26, 2013 indicated there were ongoing complaints of persistent low back pain and muscle stiffness and tightness. The injured employee was also complaining of neck pain. The physical examination demonstrated tenderness along lumbar paraspinal muscles. Range of motion was as follows: Flexion 30 degrees, extension 20 degrees and lateral bends 10 degrees bilaterally. No strength, reflexes or sensation was tested. Cervical spine was not tested. Diagnostic imaging studies included electrodiagnostic studies revealing left L5-S1 radiculopathy, MRI of back reporting L5-S1 disc protrusion and degenerative disc disease. Previous treatment included oral medications, biofeedback, cognitive therapy and physical therapy. A request was made for chiropractic treatment for twelve sessions one day a week for lumbar and cervical spine and was not certified in the pre-authorization process on December 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC ONCE A WEEK FOR TWELVE WEEKS CERVICAL/LUMBAR:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. (Effective July 18, 2009) Page(s): 58-59 of 127.

**Decision rationale:** The MTUS guidelines support the use of chiropractor treatment for acute cervical and thoracic pain short term and for musculoskeletal conditions that cause chronic pain. Time to produce effect is in 4-6 treatments and a frequency of 1-2 times per week depending severity, maximum duration of 8 weeks with documentation of improvement in functioning, decrease in pain and increased quality of life. Total visits is 18 over 6-8 weeks. Based on recent exam and documentation, there is not enough clinical evidence to support the need for additional chiropractor treatments once a week for twelve weeks. Therefore, when based on the clinical information presented for review, the additional chiropractic care is not noted to be medically necessary.