

<b>Case Number:</b>	CM14-0010668		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 65 years old male with neck and low back pain, date of injury 07/03/1988 - 09/03/2013. Previous treatments include medications, chiropractic and physiotherapy. Initial treatment report dated 10/21/2013 by the doctor of chiropractic revealed neck pain and back pain with radiculopathy. Exam noted C/s ROM decreased with pain, radiating pain Left right shoulder, Positive Kemp's test, positive SLR, positive Lasegue, positive Braggard. Diagnoses include cervical sp/st and lumbar sp/st. Treatment plan to include chiropractic and physiotherapy 2x per week for 6 weeks. Progress report dated 11/21/2013 by the doctor of chiropractic revealed neck pain, low back pain and shoulder pain. Exam noted cervical pain refer to both shoulder, negative stiffness, positive Kemp' test, negative SLR. Diagnoses include cervical sp/st, cervical radiculopathy, lumbosacral/thoracic radiculitis and carpal tunnel syndrome. Treatment plan to include chiropractic and physiotherapy 2 times 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) SESSIONS OF CHIROPRACTIC MANIPULATION FOR THE LUMBAR AND CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8- NECK AND UPPER BACK COMPLAINTS, 173

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8)

**Decision rationale:** Neck and Upper Back Complaints ACOEM guidelines do not support manipulation with cervical radiculopathy. It is unclear how many chiropractic sessions the patient has had. However, there are no clear documentation of objective functional improvement; the patient continue with his present work activities with no retrictions. Based on the guideline cited above, the request for additional 12 sessions of chiropractic manipulation for the lumbar and cervical spine is not medically necessary.