

<b>Case Number:</b>	CM14-0130605		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 licensed 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:

The patient is a 63 year old male who sustained an injury to his neck and low back on 1/26/2005 as a result of a traumatic assault and battery incident. Per the PTP's progress report the patient complains of "on and off pain and discomfort in the cervical spine that is described as pins and needles, throbbing and aching in nature with associated headaches. He is complaining of pain and discomfort in the lumbar spine that is described as pins and needles, burning and soreness in nature. He is also complaining of frequent pain and discomfort in the left leg that is described as pins and needles, throbbing and aching in nature." The patient has been treated with medications, sleep study, stress testing, psycho-therapy, epidural injections, physical therapy, physiotherapy modalities, home exercise programs, acupuncture and chiropractic care. An MRI study of the cervical spine has shown a 3.5 mm disc herniation at C6-7 with neuroforaminal stenosis at C6-7 and C7-T1. The diagnoses assigned by the PTP for the cervical spine are cervical spine strain superimposed on 3.5 mm herniated nucleus pulposus at C6-7, mild bilateral neuroforaminal stenosis at C4-5 and C7-T1 and moderate left L5 and mild right L5-S1 radiculopathy. The PTP is requesting a trial of 8 sessions of chiropractic care to the neck and lower back. The carrier has modified the request and authorized 6 sessions instead.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor treatment 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low  
Back Chapters, Manipulation Sections

**Decision rationale:** The patient has not received any chiropractic care per the records provided. The request is for an initial trial of 8 sessions of chiropractic care to the neck and low back. The MTUS Chronic Pain Medical Treatment Guidelines page 58-60 and MTUS ODG Chiropractic Guidelines Neck and Low Back Chapters recommend an initial trial of 6 sessions of manipulation over 2 weeks. The UR department for the carrier has authorized 6 sessions instead of the 8 requested per The MTUS Guidelines. The request for 8 sessions outnumbers the 6 sessions set by MTUS by 2. I find that the 8 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate.