

<b>Case Number:</b>	CM14-0158201		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 56 year old male with chronic pain in the neck, low back, let shoulder, wrist, left leg; date of injury is 04/26/2012. Previous treatments for the neck and low back include medications, physical therapy, and chiropractic and home exercises. Progress report dated 08/15/2014 by the treating doctor revealed claimant with constant pain in the cervical spine that is aggravated by repetition motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level, pain is sharp and radiated into the upper extremities, associated headaches as well as tension between the shoulder blades, 5/10 on pain scale. Claimant also complain of constant low back pain that aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks, pain is sharp and radiated into the lower extremities, 6/10 on pain scale. Cervical spine exam revealed palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, ROM limited with pain. Lumbar spine exam noted palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, flexion and extension are guarded and restricted. Diagnoses include cervicalgia, lumbago, internal knee derangement, carpal tunnel syndrome. The patient returned to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of chiropractic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant is a 56 year old male present with chronic neck and low back pain. Limited available medical records did not have any previous treatment records for this claimant. It is unknown how many chiropractic visits the claimant has had and what the outcomes of those visits are. However, the current request for 12 chiropractic visits exceeded the MTUS guideline recommendation for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, totaled up to 18 visits over 6 to 8 weeks. Therefore, 12 additional sessions of chiropractic is not medically necessary.