

<b>Case Number:</b>	CM14-0024093		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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 50 year old female who injured her neck and lower back on 8/28/2012 after being struck on the head by a falling box. Per the PTP's progress report the subjective complaints are described as follows: " Presently the patient reports pain at the neck, upper back, lower back, bilateral shoulders, bilateral wrists. Headaches are also present. Occasionally the patient has tingling and numbness in both hands." Patient has been treated with medications, physical therapy and home exercises. Diagnoses assigned by the PTP are cervicalgia, unspecified neuralgia, neuritis and radiculitis and lumbago. MRI scans of the cervical spine have revealed mild degenerative disc disease at C5-6 and C6-7 with no evidence of nerve root impingement. An MRI study of the lumbar spine has shown a 4-5 mm bulging disc at L4-5. EMG studies have not been performed. The PTP is requesting an initial trial of 8 chiropractic sessions to the neck and lower back. The carrier has authorized 6 sessions and denied 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care two (2) times a week for four (4) weeks to low back and cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHIROPRACTIC TREATMENT 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 UPPER BACK AND LOW BACK CHAPTERS, MANIPULATION SECTION.

**Decision rationale:** The patient has not received any chiropractic care per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines p. 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 has authorized 6 sessions. An additional 2 sessions beyond the 6 authorized sessions is in excess of what is recommended by the MTUS and not needed since the MTUS states : "Time to produce effect: 4 to 6 treatments." I find that the 8 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate as 6 sessions has been authorized.