

<b>Case Number:</b>	CM14-0025138		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 52-year-old female who was reportedly injured on June 14, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 17, 2014, indicates there were ongoing complaints of neck pain, back pain, and wrist pains. Current medications were stated to include Benadryl, Celebrex, Flexeril, iron, Motrin, Norco, Prilosec, Simvastatin, Soma, Ultram and Butrans. The physical examination demonstrated tenderness to the lumbar spine with muscular spasms. There was a normal lower extremity neurological examination. There was decreased range of motion of the cervical spine and tenderness to the paracervical musculature. There was a normal upper extremity neurological examination. Diagnoses on this day included a cervical and lumbar strain. Previous treatment includes chiropractic treatment, which was stated to have effectively controlled residual pain, without needing narcotic medications. A request was made for an additional twelve visits of chiropractic care and was not certified in the pre-authorization process on January 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE CHIROPRACTIC TREATMENT VISITS FOR THE LUMBAR SPINE:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation, updated June 10, 2014.

**Decision rationale:** The attached medical record indicates that the injured employee previously received chiropractic care; however, it does not state how many visits there were. The physician's note, dated January 17, 2014 stated that chiropractic care has effectively controlled residual pain without needing narcotic medications; however, there is still a continuing prescription for Norco. The Official Disability Guidelines recommends six initial visits of physical therapy as well as additional visits for future flares of pain; however, the most recent medical record does not indicate that the injured employee is having a flare of pain. For these multiple reasons, this request for chiropractic care of the lumbar spine is not medically necessary.