

<b>Case Number:</b>	CM14-0065285		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 injured worker is a 46-year-old female who was injured on 7/15/12 with no mechanism of injury given. The records do not show any previous MRI results and EMG/NCV results. No previous type and amount of treatment or response was found in the records as well. The patient did receive a spinal fusion surgery at L5-S1 on 8/6/12. According to the medical doctors, PR-2 report dated 3/26/14 the patient is TTD for 6 weeks. The diagnoses are cervical strain/sprain and lumbar spine pain. The medical doctor is requesting chiropractic treatment of 2 times per week for 6 weeks or 12 total visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment two times a week for six weeks for the neck and lumbar spine (initial):** 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 Page(s): 58-59.

**Decision rationale:** The medical doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to

productive activities. In addition, the amount of chiropractic treatment requested does not follow the MTUS Chronic Pain guidelines listed above. The requested treatment of 2 times per week for 6 weeks is not medically necessary.