

<b>Case Number:</b>	CM14-0177129		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Chiropractic, has a subspecialty in 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 48 year old female who sustained an injury on October 25, 2000. Results of the injury included pain to the neck, lateral face to ear, shoulder, and lower back. Diagnoses include lumbar radiculopathy, post lumbar fusion at L4-5, post cervical fusion, upper extremity pain, spinal/lumbar DDD, and cervical pain. Treatment modalities include back surgeries, lumbar medial branch blocks, caudal Epidural Steroid Injection, topical pain medication, biofeedback, home exercises programs, H-wave therapy, and pain medications. Magnetic resonance imaging of the lumbar spine dated April 25, 2014 showed L4-L5 and L5-S1 discectomies with anterior fusion. No stability noted on flexion/extension. Examination noted that pain had overall increased since returning to work on October 22, 2014. Range of motion was restricted in the cervical and lumbar spine. Treatment plan included continue medication regime, physical therapy, chiropractic care, and possible massage with a holistic therapist. Utilization review form dated October 22, 2014 modified chiropractic treatment to the bilateral wrist, neck, and lumbar according to MTUS guidelines. MTUS guidelines do not find chiropractic care necessary for the wrist, however do find chiropractic care necessary for the neck and lumbar. Progress report dated 10/13/2014 by the treating doctor revealed patient with increased lower back pain, leg pain, wrist and neck pain. Objective findings include sensory loss L5-S1, positive Kemps bilaterally, decreased ROM lumbar, positive CTS, sensory loss and grip loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the bilateral wrists, neck, and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

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

**Decision rationale:** The claimant presented with chronic recurrent neck and low back pain despite previous treatments with medications, physical therapy, H-wave, injections, surgeries, and chiropractic. Reviewed of the available medication records showed the claimant has had chiropractic treatment before, however, the total number of visits is unknown and there is no evidences of objective functional improvement. In additional, MTUS guidelines do not recommend chiropractic treatments for the wrist and carpal tunnel syndromes. Based on the guidelines cited, the request for 12 Chiropractic Treatments for the wrists, neck and low back is not medically necessary.