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| <b>Case Number:</b>   | CM14-0186363 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 10/09/2012 |
| <b>Decision Date:</b> | 01/30/2015   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 Chiropractor (DC), has a subspecialty in Medical Acupuncture and is licensed to practice in Ohio. 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:

Claimant is a 52 year old female who sustained a work related injury on 10/9/12. Pr-2 dated 10/28/14 notes a chief complaint of cervical and lumbar spine pain. Objective findings are described as limited range of motion in the cervical and lumbar spine. Range of motion is not quantified. Pain and tenderness with palpation of the cervical and lumbar spine. Working diagnosis is contusion of face, scalp, head and cervical, contusion of hand(s), sprain/strain lumbar, sprain/strain knee\leg, sciatica neuralgia/neuritis. Work status is noted as "unable to work". According to a UR report dated 10/29/14 the claimant has received treatment in the form of analgesic medication, muscle relaxants, anti-inflammatories, physical therapy, and manipulative treatment. X-rays of the lumbar spine were also performed but findings were not submitted for review. Results of previous physical therapy and manipulation were also not provided for review. UR decision of Chiropractic treatment 2 times a week for 3 weeks for the neck and low back were found not medically necessary citing MTUS guidelines and a lack of functional improvement and no change in work status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times 3 for the neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59 & 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic, manipulation

**Decision rationale:** MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for the low back. OGD states that manipulation of the cervical spine would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The claimant has had an undetermined number of chiropractic treatments in the past with no evidence of objective functional improvement. Based on this fact and the MTUS, and OGD noted above, the treatment request is not medically necessary.