

<b>Case Number:</b>	CM14-0195154		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Chiropractic Sports Physician 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 57 year old male who was injured on 09/03/02 while working as a carpenter he slipped and fell plywood. He apparently injured his neck, low back, upper back and shoulder. He was diagnosed with cervicobrachial syndrome, cervical subluxations and cervical IVD w/o myelopathy, lumbar IVD syndrome L5-S1 and shoulder rotator cuff injury. Prior treatment has consisted of medications, physical therapy, pain management, acupuncture, chiropractic, epidurals, and surgery to the cervical and lumbar spine(microdiscectomy and laminectomies). According to the records he had a surgery to fuse C3-C7. An MRI of the lumbar spine on 4/2/04 revealed L5-S1 disc protrusion and herniation to the right causing right L5 nerve root impingement. An MRI of the cervical spine on 6/8/11 revealed a right sided disc bulge C3-C4 with mod-sev. Right IVF stenosis. A NCV study on 3/30/12 revealed mild CTS. The treatment received did not indicate how much previous treatment the patient has had and how the patient has responded especially regarding chiropractic care. The doctor has requested 6 Chiropractic manipulation sessions over 2 months to include evaluation, SMT, EMS and IST.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Manipulation sessions over the next 2 months to include evaluation, SMT, EMS and IST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** According to the MTUS Chronic pain Guidelines above manipulation of the low back (cervical and thoracic as well) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. 6 Chiropractic manipulations over 2 months is not according to the aforementioned guidelines and is therefore not medically necessary. Also important is the amount of previous chiropractic care and how the patient has responded using objective measurable findings.