

<b>Case Number:</b>	CM14-0198035		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine 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 (IW) is a 59-year-old man with a date of injury of July 16, 2013. The mechanism of injury occurred when the IW assisted 2 of his co-workers in carrying a 500-pound tree trunk up 13 stairs. He states that after approximately 3 stairs, he felt his back crack and experienced immediate pain. He was wearing a back brace at the time. The current diagnoses are cervical sprain/strain; thoracic strain/sprain; lumbar sprain/strain; right lower extremity lumbar radiculitis; and right upper extremity cervical radiculitis. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 16, 2014, the IW complains of neck pain and back pain. On exam, there was tenderness to palpation and spasm over the lumbar paraspinals. In a June 2014 progress note, documentation indicates that the IW underwent prior physical therapy (PT), and chiropractic treatment, but it is unclear as to the number of sessions, and body parts treated. The treatment plan in a September 25, 2014 progress note recommends additional sessions of PT 2 times a week for 4 weeks (8 additional sessions) to the lumbar spine. The current request is for 12 sessions of chiropractic care to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to the cervical and lumbar spine x12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines manual therapy and manipulation, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Chiropractic/ Manipulation

**Decision rationale:** The Official Disability Guidelines enumerate the frequency and duration of chiropractic treatment. Therapeutic care-mild: up to six visits over two weeks. Severe: trial of six visits over two weeks, with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks, if acute, avoid chronicity. Elective/maintenance care is not medically necessary. Recurrence/flare-ups - need to reevaluate treatment success, but returned to work achieved than 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. In this case, a progress note dated June 26, 2014 indicates the injured worker underwent "some physical therapy and chiropractic treatment and his symptoms ultimately resolved without any sequelae". The injured worker's working diagnoses are thoracic strain; and lumbar radiculitis involving right lower extremity. A progress note dated September 25, 2014 states the treating physician requested additional physical therapy of the lumbar spine at two sessions per week times four weeks. There was no request in the medical record progress notes indicating additional chiropractic treatment was indicated. Additionally, according to the June 26, 2014 progress note, the symptoms ultimately resolved without any sequelae. There was no documentation of an acute flare or exacerbation of symptoms. The guidelines for additional chiropractic treatment allow 1 to 2 visits every 4 to 6 months for recurrence/flare-ups; however, there was no documentation to support recurrence or flare-ups. Consequently, absent documentation requesting chiropractic treatments to the cervical spine and lumbar spine, absent documentation supporting a recurrence or flare-up, and absent the appropriate number of chiropractic visits (1 to 2 visits every 4 to 6 months), chiropractic treatment to the cervical and lumbar spine times 12 sessions is not medically necessary.