

<b>Case Number:</b>	CM14-0201161		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/09/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 a licensed Chiropractor (DC) and Acupuncturist 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:

This is a 38 year old male who suffered a work related injury on 03/09/2014, while loading a refrigerator up the stairs with a coworker and felt neck and lower back pain. Diagnoses include cervicalgia, thoracic or lumbosacral neuritis or radiculitis, and sleep disturbance. Treatment has included medications, chiropractic treatment, acupuncture, TENS unit, and physical therapy, without significant improvement. Physician progress notes dated 11/12/2014 and 11/17/2014 document he has moderately severe lower back and neck pain which is nearly constant. Pain is rated 8/10 with zero being no pain and 10 having the worst pain. The pain is aching, throbbing, shooting and is associated with weakness, numbness and tingling into the left lower extremity. Pain increases with lifting, bending, stooping, squatting and walking. The cervical spine has no limitation in range of motion, and there is tenderness of the paravertebral muscles on both sides. Lumbar range of motion is restricted with flexion, limited to 60 degrees with pain and extension limited to 10 degrees with pain. There is tenderness in the paravertebral muscles on both sides. No spinal tenderness is noted. Tenderness is noted over the sacroiliac spine. Treatment request is for chiropractic treatment. Utilization Review dated 11/19/2014 non-certifies the request for chiropractic treatment citing Official Disability Guidelines, Chiropractic Treatment for neck or low back pain. The injured worker has had at least 12 chiropractic and physical therapy sessions to the neck and lower back and the pain level remains static. The exam findings are essentially unchanged since 4/11/2014 before treatment. No functional gains are found and it is unclear why allegedly none of the problem areas have apparently failed to respond to treatment even given the natural healing and resolution that occurs with time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Chiropractic Treatment

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

**Decision rationale:** The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for cervical spine and lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, Chiropractic visits are not medically necessary.