

<b>Case Number:</b>	CM14-0091668		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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), 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:

According to the available medical records, this is a 61 year old male with neck and back pain, date of injury is cumulative from 05/15/2013 to 04/01/2014. Treating doctor initial report dated 04/09/2014 revealed patient with complains of on-and-off upper back pain, 3/10, mainly on the left side with numbness and tingling sensation, constant bilateral arm pain, 4/10 and radiated to bilateral hands, constant low back pain, 3-4/10 and radiated to bilateral legs, knees, and calves. Examination of the cervical spine revealed tenderness to palpation with spasm of the upper trapezius muscles, ROM decreased in all ranges, strength: 2+/5. Examination of the thoracolumbar spine revealed tenderness to palpation with spasms of the quadratus lumborum muscles bilaterally, ROM decreased in all ranges, positive sitting root and straight leg raise at 30 degrees on the right and 40 degrees on the left, hyperesthesia of the bilateral plantar aspects of the feet, strength: 2+/5. Diagnoses include cervical spine strain/sprain with myospasm, lumbar spine sprain/strain with radiculitis. The patient is returned to work with light work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy two times a week for six weeks for the back.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The claimant presented with cumulative injuries and ongoing pain in the neck and back. Current treatment plan include chiropractic with physiotherapy 2x a week for 6 weeks, acupuncture 2x a week for 6 weeks, lumbar support, and medications. While a trial of 6 chiropractic treatments over 2 weeks might be recommended for the treatments of low back pain, the request for 12 chiropractic treatments exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvement with the trial visits, per MTUS guidelines, the request for 12 visits is not medically necessary.