

<b>Case Number:</b>	CM15-0006294		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 56 year old male who sustained an industrial injury on 5/20/14 involving the low back. He is currently experiencing low back (8/10) and neck pain (6/10) with radiation to lower and upper extremities. The pain is affecting the performance of his activities of daily living. He has been to the emergency room for back, neck and bilateral wrist pain. Diagnoses include spinal stenosis; lumbar and cervical radiculopathy; cervical and lumbar sprain/ strain; cervicogenic headache and bilateral wrist sprain/ strain, resolved. Treatments to date include medications and physical therapy. Diagnostics include MRI of the lumbar spine revealing some stenosis at L4-5; x-ray cervical spine revealing endplate spurs at C5-6 and C6-7. In the progress note dated 11/20/14 the treating provider is recommending a course of chiropractic/ physiotherapy 2x6 due to the injured workers current exacerbation of lumbar and cervical spine symptoms. On 12/19/14 Utilization review modified the request for 12 chiropractic sessions with physical therapy modalities 2 times a week for 6 weeks to the lumbar spine citing MTUS: Chronic Pain Medical Treatment Guidelines: Manual Therapy and Manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Sessions with Physical Therapy Modalities 2 Times A Week for 6 Weeks to The Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment which were modified to 6 by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.