

<b>Case Number:</b>	CM15-0100727		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 34 year old male, who sustained an industrial injury on 12/16/14. The injured worker has complaints of lumbar pain radiating to right buttocks and right leg with complaints of numbness and tingling in the lower extremities. The cervical spine examination reveals some tenderness over paraspinal muscles, tenderness parafacet region C4-T1 area, cervical range of motion flexion 70 percent, extension 80 percent, lateral flexion to right 60, to left 70 and rotation 80 percent bilaterally. Thoracic spine examination of thoracic spine reveals some midthoracic paraspinal muscle spasm. Lumbar spine examination of lumbar revealed tenderness and muscle over bilateral paraspinal muscles, tenderness parafacet region L4-L5 and S1 (sacroiliac) region. The diagnoses have included fracture rib not otherwise specified, closed. Treatment to date has included computerized tomography (CT) scan of the thoracic spine on 1/21/15 showed fractures of the right 8th-12th ribs, with no evidence of liver laceration or adjacent pulmonary contusions and thoracic vertebra are well aligned with no fracture or subluxation; computerized tomography (CT) scan of the cervical spine on 12/16/14 showed no evidence of acute cervical spinal injury; injections; home exercise program; transcutaneous electrical nerve stimulation unit and chiropractic treatments. The request was for chiropractic manipulative treatment for the back, 12 sessions (between 5/12/2015 and 6/26/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulative treatment for the Back, 12 sessions (between 5/12/2015 and 6/26/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial treatments over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor is requesting chiropractic manipulation of the back for 12 sessions between 5/12/15 and 6/26/15 or approximately 6-7 weeks. According to the documentation, the patient has already received 12 prior visits with no evidence of objective functional improvement. 12 more visits would exceed the 18 visits for this flare-up as well as exceeding the time frame period and there is no documentation of objective functional improvement from prior visits. Therefore the requested treatment is not medically necessary and appropriate.