

<b>Case Number:</b>	CM15-0133473		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 54 year old male with an industrial injury dated 12/17/2014. The injury is documented as a result of a motor vehicle accident resulting in neck, mid and lower back pain. His diagnoses included cervical spine axial compression injury, cervical spine strain/sprain injury, cervicothoracic spine strain/sprain injury, bilateral shoulder strain injury and lumbosacral strain injury. Comorbid conditions included heart problems, diabetes, high blood pressure and kidney failure on dialysis. Prior treatment included diagnostics and chiropractic treatment. He presents on 06/24/2015 complaining of unremitting neck pain, left sided low back pain and shoulder pain. Cervical range of motion was limited. The injured worker had loss of sensation in the right hand on digits 1, 2, and 3 and bilateral loss of grip strength. He had loss of muscle strength in right and left forearms in flexion and extension. The provider documents MRI of cervical spine done on 06/06/2015 showed cervical 3-4, cervical 4-5, cervical 5-6 and cervical 6 7 broad based posterior osteophyte complexes with moderate to moderate severe narrowing and mild to moderate central canal stenosis. The injured worker was temporary totally disabled. The treatment request is for additional chiropractic treatments for the cervical spine and lumbar spine quantity 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic treatments for the cervical spine and lumbar spine quantity 6:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back, Acute and Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 7/1/15 denied the request for an additional 6 Chiropractic visits to manage the patients chronic lumbar spine condition citing CA MTUS Chronic Treatment Guidelines. The patient was provided 12 initial dates of service with manipulation to manage the lower back through the 4/3/15 request for an additional 6 sessions. Reviewed records including Oswestry Index and the most recent supplemental report of 4/3/14 failed to establish the medical necessity for initiation of an additional 6 sessions of care or comply with CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.