

<b>Case Number:</b>	CM15-0141654		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

### 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, who sustained an industrial injury on August 26, 2014. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having cervical and lumbar disc protrusion with radiculopathy. Treatment to date has included bracing, physical therapy, and medication. A progress note dated June 24, 2015 provides the injured worker complains of neck, left arm, back and leg pain. Physical exam notes tenderness to palpation of the cervical and lumbar paraspinal area. There is positive bilateral straight leg raise. The plan includes chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3 x 4 cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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

**Decision rationale:** The claimant presented with chronic neck and lower back pain despite previous treatments with medications, bracing, physical therapy. Reviewed of the available medical records showed no prior chiropractic treatment records for the injury sustained on 08/26/2014. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendations. Therefore, without demonstrating objective functional improvement in the trial visits, the request for 12 visits is not medically necessary.