

<b>Case Number:</b>	CM15-0143563		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 64 year old male, who sustained an industrial injury on 4-1-02. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic back pain; chronic neck pain. Treatment to date has included chiropractic therapy; medications. Currently, the PR-2 notes dated 6-24-15 indicated the injured worker complains of a flare-up of his neck and low back noting they are stiff with increased pain with movement. He has had more problems with general neck movement and has had some headaches. He denies any radiating symptoms down the lower or upper extremities. He denies any new or re-injury. He notes the flare-up has not improved with self-care. The provider documents the neck disability index score of 48%, Oswestry low back disability score is 50% and VAS 4-8 over 10. On objective findings, he has guarded neck movements, an antalgic gait and increased paracervical spasm with myofascial tenderness. The local neck pain with Spurling's maneuvers and cervical range of motion is to about 60% of the normal. He has increased paralumbar spasm with positive lumbar facet loading maneuvers. His straight leg raise bilaterally is negative. Truncal stiffness and core weakness and general conditioning is noted. His lumbar flexion is limited to 60% of the normal with extension to 10 degrees. Neurologically he is unchanged. The provider documents given the flare-up without improvement from self-care, he is requesting a short course of chiropractic care. The provider is requesting authorization of Chiropractic treatment, 4 sessions to include CMT (chiropractic manipulative treatment), exercise, MRT (myofascial release technique), and traction.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 4 sessions to include CMT (chiropractic manipulative treatment), exercise, MRT (myofascial release technique), and traction:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Patient has had prior chiropractic treatments. Medical records documented recent flare of symptoms. Provider requested additional 4 chiropractic sessions which were modified to 2 by the utilization review. The requested visits requested are within guidelines therefore medically necessary. Per review of evidence and guidelines, 4 Chiropractic visits are not medically necessary.