

<b>Case Number:</b>	CM15-0149064		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

This 29-year-old woman sustained an industrial injury on 5-28-2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 9-2-2014 and electro diagnostic testing dated 5-12-2015. Diagnoses include lumbar radiculopathy due to lumbar disc herniation with neural foraminal stenosis and nerve root compromise, musculoligamentous lumbar spine sprain- strain, musculoligamentous cervical spine sprain-strain rule out cervical disc herniation, subacute tendonitis and bursitis of the left knee possibly due to compensatory changes due to lumbar disc injury, left ankle strain (resolved), constipation due to opioid and non-opioid analgesia use, facial and truncal dermatitis following steroid injections, alopecia, anxiety, depression, dyspareunia, and stomach pain due to gastroesophageal reflux. Treatment has included oral and topical medications, epidural steroid injections, and chiropractic care. Physician notes dated 7-2-2015 show complaints of persistent low back pain with radiation to the bilateral lower extremities with numbness and weakness, left knee pain, neck and bilateral shoulder pain rated 6-8 out of 10 with radiation to the bilateral upper extremities, facial dermatitis, dyspareunia, anxiety, insomnia, constipation, and hair loss. Recommendations include continue to avoid non-steroidal anti- inflammatory medications, continue to avoid Hydrocodone/Acetaminophen, continue Hydromorphone, continue Dendracin lotion, continue Fromolaxin, Omeprazole, Lorazepam, Bensoyl, internal medicine consultation, continue chiropractic care, and follow up in 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional chiropractic treatment to cervical and lumbar 2 times a week for 12 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with chronic neck and low back pain. Previous treatments included medication, epidural steroid injection, and chiropractic. Reviewed of the available medical records showed the claimant has completed 4 chiropractic visits with functional improvements. However, the request for additional 24 visits exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary and appropriate.