

<b>Case Number:</b>	CM15-0160648		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

This 38 year old man sustained an industrial injury on 7-1-2013. The mechanism of injury is not detailed. Evaluations include an undated vestibular autorotation test. Diagnoses include lumbar spine radiculopathy, peripheral vertigo, mood disorder, transient mental disorder, insomnia, anxiety, acute stress, shoulder and arm sprain-strain, cervical spondylosis, and headache. Treatment has included oral and topical medications. Physician notes dated 7-9-2015 show complaints of neck and back pain. Recommendations include vestibular rehabilitation program, chiropractic care, EMS and infra-red therapy, and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 2 times wkly for 6 wks, 12 sessions (neck & low back per records; for anxiety & depression): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine.

**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 (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic treatment 2 times per week for 6 weeks or 12 sessions to the neck and low back; for anxiety & depression. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.