

<b>Case Number:</b>	CM15-0183174		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

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 is a 63 year old male with a date of injury on 5-22-07. A review of the medical records indicates that the injured worker is undergoing treatment for ongoing neck and back pain. Progress report dated 6-19-15 reports slightly increased pain since the last visit due to increased activity. He is awaiting MRI of the cervical and lumbar spine and chiropractic treatment. He continues with a home exercise program. Neck pain is described as constant, aching, stabbing and intermittent that radiates numbness and tingling down the left upper extremity to the 1st, 2nd and 3rd digits, rated 5-6 out of 10. The low back pain in constant, aching pain and intermittent with radiating tingling and numbness down the left lower extremity to above his ankle. The injured worker states the pain is 100% left sided and is rated 5 out of 10. History of treatment includes: medications, 19 sessions of chiropractic treatment with significant reduction in pain, 24 sessions of acupuncture with significant reduction in pain, 24 sessions of physical therapy with significant reduction of pain, lumbar epidural steroid injection times 2 with significant reduction in pain and neck surgery times 3 helped for 6 weeks. EMG done on 9-2-14 showed bilateral upper extremities abnormal study and normal study for bilateral lower extremities. X-ray of the lumbar spine taken 8-27-14 revealed L1-2 moderate disc space narrowing and anterior osteophytes. Request for authorization dated 8-14-15 was made for chiropractic treatment 2 times per week for 6 weeks to the neck and low back. Utilization review dated 9-14-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x6 to the neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic neck and low back pain despite previous treatments with medications, injections, acupuncture, chiropractic, physical therapy, neck surgeries, and home exercises. According to the available medical records, the claimant has completed 19 chiropractic treatment visits to date. The request for additional 12 chiropractic visits exceeded the guidelines recommendation for treatments. Therefore, it is not medically necessary.