

<b>Case Number:</b>	CM15-0190551		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 is a 71 year old male who sustained an industrial injury on 11-1-2003. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP) L4-L5 with stenosis, neural foraminal narrowing L3-4, L4-5 and L5-S1, degenerative disc disease with retrolisthesis T12-L5, cervical radiculopathy, bilateral shoulder impingement syndrome and bilateral subacromial bursitis. According to the progress report dated 8-24-2015, the injured worker complained of increased neck and back pain over the past few months. He rated his pain 6 to 10 out of 10. He reported completing six visits of chiropractic treatment a few months ago which helped decrease his pain significantly and allowed him to increase his walking distance by about ten minutes. The physical exam (8-24-2015) revealed a mildly antalgic gait. Range of motion of the cervical and lumbar spines was decreased and limited by pain. Treatment has included epidural steroid injection, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit and medication. The original Utilization Review (UR) (9-23-2015) modified a request for chiropractic 2 x week for 3 weeks for the neck and back to 2 x week for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 3 weeks for the neck and back to help decrease pain and increase activity level:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**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 a week for 3 weeks or 6 visits for the neck and back to help decrease pain and increase activity level. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive further treatment, the doctor must document objective functional improvement from these 6 approved visits. Therefore, the requested treatment is medically necessary.