

<b>Case Number:</b>	CM15-0032365		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 10/27/2013, while working as a nurse aide. The diagnoses have included cervicobrachial syndrome and chronic pain syndrome. Treatment to date has included medications, physical therapy, acupuncture, and exercises. Magnetic resonance imaging of the left upper extremity, dated 12/16/2013, noted marked infraspinatus tendinosis without tear. Magnetic resonance imaging of the lumbar spine, dated 2/26/2014, noted minimal degenerative changes of the lumbar spine, without significant spinal canal stenosis or neural foraminal narrowing. Urine drug testing, dated 11/14/2014, was inconsistent with prescribed medications. Currently, the injured worker complains of upper back pain, with numbness and tingling, radiating to the face. Medications included Tramadol, Naproxen, Klonopin, Voltaren gel, and Tylenol. Exam of the cervical spine noted tenderness, spasm, and tight muscle band and trigger point, along both sides. Tenderness was noted at the paracervical muscles, rhomboids, sternoclavicular joint, and trapezius. Multiple myofascial trigger points were noted. Prior chiropractic treatment, if any, was not referenced. On 2/11/2015, Utilization Review modified a request for chiropractic sessions (lumbar and cervical spine-#8), to chiropractic sessions (lumbar and cervical spine-#6), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Sessions for the Lumbar and Cervical Spine (2 times a week for 4 weeks):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with persistent neck and low back pain despite previous treatments with medication, physical therapy, acupuncture, and exercises. There is no records of prior chiropractic treatments. According to MTUS guidelines, a trial of 6 chiropractic visits over 2 week might be recommended, with evidences of objective functional improvement, up to 18 visits over 6-8 weeks might be recommended. However, without evidences of objective functional improvement, the current request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.