

<b>Case Number:</b>	CM15-0039531		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 34-year-old male, who sustained an industrial injury on May 1, 2013. He reported an injury to his lower back following a twist of the low back. The injured worker was diagnosed as having cervical spine degenerative disc disease, lumbar spine disc bulges, and right and left carpal tunnel syndrome. Treatment to date has included right and left carpal tunnel release, lumbar epidural block, medications, TENS unit, chiropractic therapy and aqua therapy. Currently, the injured worker complains of pain in the neck, lower back and right/left wrists. He denies any new numbness or tingling. On examination, he exhibits decreased sensation to the right lateral shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 2x6 weeks lumbar spine:** Upheld

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

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

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested number of treatments exceeds this guideline. Moreover, in order to appropriately apply this guideline review the past history is essential. The internal medicine initial evaluation dated 9/16/2014 with [REDACTED] indicates that the claimant has received chiropractic treatment in the past. However, the subsequent documentation does not reference any improvement in the claimant's condition prior to the current request. Therefore, given the absence of any documented functional improvement as result of the previous course of chiropractic care, the medical necessity for the requested 6 additional treatments was not established.