

<b>Case Number:</b>	CM15-0041056		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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:

The injured worker is a 45 year old female, who sustained an industrial injury on August 27, 2013. He reported pain in the neck. The injured worker was diagnosed as having cervical, thoracic and lumbar spine sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies including physical therapy, chiropractic care and other treatment modalities, medications and work restrictions. Currently, the injured worker complains of chronic low back pain, left leg weakness, muscle spasms in the thoracic and lumbar spine, neck pain, headaches and tingling and numbness of the upper extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She has been treated conservatively without resolution of the pain. She reported a decrease in pain with chiropractic care. She also reported depression secondary to chronic pain. She was referred for a psychological evaluation. Evaluation on January 29, 2015, revealed continued pain and radicular symptoms. She reported wishing to continue chiropractic care secondary to gaining 2-3 days of benefit after the sessions. She reported requiring medications to maintain function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight additional sessions of Chiropractic therapy of the cervical, thoracic, and lumbar spine:** Upheld

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

**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 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 is apparently requesting 8 additional (looks like 6 in the records) sessions of Chiropractic therapy of the Cervical, Thoracic and Lumbar spine. The doctor fails to show appropriate evidence of objective functional improvement from prior Chiropractic care and therefore the requested treatment is not medically necessary. It is not well documented the amount of previous care for this recent flare-up nor how the patient responded to care using objective measurable gains.