

<b>Case Number:</b>	CM15-0045928		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 67 year old male, who sustained industrial injuries from 01/09/1998-10/30/2012 and 04/20/2012. Initial complaints reported included left shoulder injury (1998), right wrist injury (2000), exposure to chemicals (2012), and emotional/psychological issues (2012) due to previous injuries. The initial diagnoses were not provided. Treatment to date has included chest x-rays (2012), x-rays of the bilateral wrist, pelvis and lumbar spine (12/21/2014), left shoulder surgery, right carpal tunnel release, medications, conservative care, physical therapy, and psychotherapy. Currently, the injured worker complains of continued low back pain, bilateral wrist and leg pain. Current diagnoses include lumbar facet arthropathy, bilateral carpal tunnel syndrome, and peripheral neuropathy. The treatment plan consist of 12 sessions of chiropractic manipulation, bilateral lumbar facet injections, physical therapy for the lumbar spine and bilateral wrist, electrodiagnostic testing of the bilateral upper and lower extremities, continuation of medications with refills, and continued home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for low back and bilateral wrists, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**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 requested Chiropractic for the low back and bilateral wrists for 12 sessions with no apparent timeframe. The requested care for the low back is not according to the above guidelines and therefore the treatment is not medically necessary. According to the above guidelines, chiropractic care to the wrist is not recommended and therefore the treatment is not medically necessary.