

<b>Case Number:</b>	CM15-0051857		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 65-year-old male who sustained an industrial injury on 8/20/01 sustaining multiple physical injuries from continuous trauma involving low back, neck, bilateral feet, wrists and hands. He currently complains of low back, neck, bilateral foot pain and bilateral wrist pain. The neck pain is sharp and stabbing and radiates into bilateral upper extremities with numbness and tingling. He uses a cane for ambulation. Medications include Prozac, Ambien, trazadone, Risperidol, Ativan, Vicodin, Norco, Lortab. Diagnoses include bilateral hand pain, bilateral carpal tunnel release (6/30/07, 9/17/07); low back pain, disc replacement surgery lumbar spine (10/7/14); stress; anxiety; depression; sleep disturbances; bilateral foot pain; post-traumatic headaches and neck pain, cervical spinal fusion (11/22/05). Treatments to date include medications, physical therapy, chiropractic therapy and back brace. Diagnostics include cervical MRI (3/7/11) abnormal findings; computed tomography of the lumbar spine (2/24/11) unremarkable. In the progress note dated 1/28/15, the treating provider indicates that the injured worker has significant flare up of his pain, which chiropractic therapy has significantly alleviated in the past. The provider is requesting 6 therapy sessions with chiropractor due to significant functional improvement and pain reduction. When he had chiropractic and physical therapy, the injured worker was able to reduce his pain and anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 6 visits for neck and back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**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(as well as the 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 6 visits for neck and back. The patient has not had any chiropractic treatment for the past 6 months according to the records. In order to receive more treatment the doctor needs to show objective functional improvement as the above guidelines stated. The chiropractic treatment in the past reduced the patient pain and his medication which indicates functional improvement. Due to the fact that the doctor has met the above guidelines with his documentation, 6 Chiropractic visits in 2 weeks is medically necessary even though the doctor failed to state the time frame, so this requested treatment is medically necessary.