

Case Number:	CM15-0053036		
Date Assigned:	03/26/2015	Date of Injury:	03/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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 61 year old male, who sustained an industrial injury on 3/5/13. He reported cervical spine pain that radiated to bilateral hands, left wrist pain, bilateral upper extremity numbness, and lumbosacral pain with radiation to bilateral feet. The injured worker was diagnosed as having spondylolisthesis of the lumbosacral region, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain, and lumbar spinal stenosis. Treatment to date has included medications, ice/heat application, and home exercise. An x-ray was noted to have revealed grade II L5-S1 chronic spondylolisthesis and no fractures. An x-ray of the left hand on 1/29/14 was normal. Currently, the injured worker complains of cervical and lumbar spine pain with numbness in bilateral upper extremities. The treating physician requested authorization for 18 initial chiropractic treatments, 2-3 times per week for 4-6 weeks for the cervical spine as an outpatient. The treating physician noted chiropractic treatment was needed to increase strength and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) initial chiropractic treatment 2-3 times a week for 4-6 weeks for the cervical spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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 (and cervical spine) 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 18 initial chiropractic treatments 2-3 times per week for 4-6 weeks for the cervical spine, as an outpatient. The request is not according to the above guidelines above and therefore the treatment is not medically necessary.