

<b>Case Number:</b>	CM15-0055702		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 54 year old male, who sustained an industrial injury on 9/22/2014. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having lumbosacral sprain/strain, contusion of the forearm and wrist. Lumbar magnetic resonance imaging showed lumbar 3-5 disc bulge. Treatment to date has included chiropractic care, physical therapy, TENS unit, and medication management. In a progress note dated 01/28/2015, the injured worker complains of neck pain, low back pain, left shoulder pain, left elbow pain, and left wrist pain. The treating physician is requesting chiropractic care for 8 visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 2 times a week for 4 weeks for the cervical spine:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended." The claimant presented with persistent pain in the neck, low back, and left upper extremities. While evidences based MTUS guidelines do not recommend chiropractic treatment for the wrist and forearm, the claimant has completed 6 chiropractic treatments. Reviewed of the available medical records showed there is no evidence of objective functional improvement with previous chiropractic treatment, there is no change in the patient pain level, ROM, medications, and the claimant remained temporarily totally disabled. Based on the guidelines cited, the request for additional chiropractic treatments is not medically necessary.