

<b>Case Number:</b>	CM15-0085207		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/27/1992
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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:

This 71-year-old woman sustained an industrial injury on 3/27/1992. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays and MRI performed in 1992. Diagnoses include low back pain and cervicgia. Treatment has included oral medications. Physician notes dated 3/26/2015 show complaints of increased pain rated 5/10 with radiation down the neck and right arm. Recommendations include an increase in Tramadol dosage, updated cervical spine MRI; continue chiropractic therapy, possible surgery in the future, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment (6-sessions for the cervical spine and lumbar spine):** Upheld

**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 (and 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. It is unclear how many visits the doctor has used for this flare-up and objective functional improvement has not been documented. These two pieces of information are very important in determining new or further care. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.