

<b>Case Number:</b>	CM15-0096253		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

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(n) 48 year old female, who sustained an industrial injury on 12/15/11. She reported pain in her neck and back. The injured worker was diagnosed as having cervical strain, lumbar strain, myofascial pain and cervical and lumbar radiculopathy. Treatment to date has included a lumbar MRI, trigger point injections and physical therapy. As of the PR2 dated 5/4/15, the injured worker reports continued pain in the neck and back. She is currently working a modified duty. The treating physician noted decreased range of motion in the neck and back and spasms of the paraspinal muscles. The treating physician requested chiropractic treatments 2 x weekly for 4 weeks for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x week x 4 weeks of Cervical, 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 Manual Therapy Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck and back pain despite previous treatments with medications, injections, physical therapy, chiropractic, and home exercise programs. Reviewed of the available medical records showed the claimant has had at least 8 chiropractic visits, however, there is no treatment records available. According to the treating doctor report dated 05/04/2015, there is no change in subjective and objective findings, and the patient diagnoses is worsened. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary due to no evidences of objective functional improvement.