

<b>Case Number:</b>	CM14-0149892		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Chiropractic, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 29 year old male who injured his neck and upper back and lower back on 08/20/2013 while performing his duties as an inventory worker. The injury occurred while the patient was lifting a tire. Per the Primary Treating Physician's progress report the patient "currently feels still tenderness on the neck 7/10 and feels stiff." The patient has been treated with medications, home exercise program, physical therapy (approved but declined by the patient) and acupuncture. The diagnoses assigned by the primary treating physician are chronic cervical strain with residuals and chronic lumbar strain. MRI studies of the cervical and lumbar spine have revealed a 1-2 mm central disc protrusion at C5-6 and C6-7 and a 1-2 mm disc bulge at L4-5 and a 4-5 mm right disc protrusion at L5-S1 with annular tear at the same level. An EMG study was positive for L4 radiculopathy and negative for upper extremity peripheral neuropathy. The PTP is requesting 12 initial chiropractic sessions to the cervical and lumbar spine. The UR department has modified the request and authorized 6 sessions of chiropractic care to the neck and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic treatment for the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Section, Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections

**Decision rationale:** In this chronic injury case the patient has not received any chiropractic care in the past per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines recommend an initial trial of 6 sessions of chiropractic care to be rendered over 2 weeks. The 12 requested sessions exceed this recommended amount. I find that the 12 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate as per the MTUS.