

<b>Case Number:</b>	CM14-0163272		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 a licensed Chiropractor 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:

According to the available medical records, this is a 56 year old male with chronic neck and low back pain, date of injury is 09/29/2011. Previous treatments include physical therapy, trigger point injections, acupuncture, bracing, medications, home exercise program and epidural steroid injections. Progress report dated 08/26/2014 but the treating doctor revealed patient with complaints of sharp neck pain, 6-7/10 that extends to both shoulders, low back pain 7/10 with numbness, bilateral hands pain, 8/10 with weakness and numbness. Physical examination revealed tenderness of bilateral paraspinal, cervical ROM: flexion 50, extension 40, lateral flexion 40, right rotation 70, left rotation 40, lumbar paraspinal spasm. Diagnoses include cervical disc protrusion, lumbar disc protrusion, lumbar radiculitis and myospasms. The patient returned to modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic visits 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 Recommended for chronic pain if caused by musculoskeletal conditions. Page(s): 58-59.

**Decision rationale:** The claimant presents with ongoing neck and low back pain despite previous treatments with medications, injection, physical therapy, and acupuncture. The available medical records noted chiropractic treatments was recommended in 11/08/2013 and again in 01/03/2014, however, there is no treatment records available. It remained uncertain whether the claimant has had chiropractic treatment before or not. Based on the guidelines cited above, a trial of 6 chiropractic treatments over 2 week might be recommended totaled up to 18 visits if evidence of objective functional improvement is demonstrated. The request for 12 chiropractic visits, however, exceeded the guideline recommendation without evidence of objective functional improvement. Therefore, it is not medically necessary.