

<b>Case Number:</b>	CM14-0215573		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

42 yr. old female claimant sustained a work injury on 6/11/14 involving the neck and low back/ She was diagnosed with lumbago, cervicgia and neck sprain. A progress note on 12/9/14 indicated the claimant had 6/10 pain. She had been on muscle relaxers, NSAIDs and opioids for pain. She had a normal EMG/NCV of the legs in September 2014. Exam findings were notable for painful restricted range of motion in the neck and lumbar regio. There was a positive straight leg raise test on the right side. The shoulder had a positive impingement and crossover testing. The physician requested an MRI of the right shoulder, ice, heat packs, a back brace and 8 sessions of chiropractor therapy. She had been previously approved for 8 sessions in September 2014. Functional response is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy lumbar spine times eight sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary. In this case, the response to the initial approved 8 sessions is not known. There is no information whether the initial sessions were completed. Based on lack of evidence or provision of functional improvement from the initial approval, an additional 8 sessions of chiropractor therapy is not medically necessary.

**Lower back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provided lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace is not medically necessary.