

<b>Case Number:</b>	CM15-0002575		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Chiropractic

### 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 52-year-old male, who sustained an industrial injury on December 5, 2005. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included Magnetic resonance imaging (MRI) of brain, oral medication. Currently, the IW complains of low back pain and head pain/aches. The pain is characterize as aching, sharp and stabbing it radiates to the right arm, right forearm, right hand, left thigh, left leg and left foot. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the lumbar spine. On December 8, 2014 Utilization Review non-certified a Chiropractic manipulation x 8 sessions to the lumbar spine noting Medical treatment utilization schedule (MTUS) guidelines was cited. On November 26, 2014, the injured worker submitted an application for IMR for review of Chiropractic manipulation x 8 sessions to the lumbar spine and Hydrocodone Acetaminophen 10/325mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation x 8 sessions to the lumbar spine:** Overturned

**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 Low Back Chapter Page(s): Manipulation Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter | Manipulation Section.

**Decision rationale:** The patient in this case has suffered an industrial injury to his neck and low back. The mechanism of injury was a motor vehicle accident. The patient has received an array of care to include acupuncture, physicals therapy and cognitive behavioral therapy. However, per the records provided he has not received chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapters recommend an initial trial of 6 sessions of chiropractic care to the lumbar spine over 2 weeks. I find that the 8 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.