

<b>Case Number:</b>	CM15-0010829		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/08/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Oriental Medicine

### 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 67 year old male, who sustained a work related injury on 7/8/07. The diagnoses have included spondylolisthesis L4-5, multiple herniated nucleus pulposuses lumbar spine, facet arthropathy of lumbar spine, lumbar radiculopathy, multiple herniated nucleus pulposuses of cervical spine, bilateral carpal tunnel syndrome and cervical radiculopathy. Treatments to date have included cortisone injections in both knees, x-rays, an EMG, epidural steroid injection lumbar spine, 15 physical therapy visits, 14 chiropractor treatments, oral medications, bilateral knee braces and 3 acupuncture sessions. In the PR-2 dated 10/20/14, the injured worker complains of neck and back pain. He rates the pain a 7/10. He has pain that radiates down both arms and both legs. He has tenderness to palpation of neck and low back with spasms. On 1/8/15, Utilization Review non-certified a request for additional chiropractic treatment 2 x 4. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/8/15, Utilization Review certified a request for request for a follow-up in 8 weeks. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request For Additional Chiropractic Treatment 2x4 Weeks For Lumbar Spine To Include Therapeutic Exercises And Modalities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The guideline recommends manipulation for chronic pain. The guideline recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. Records indicate that the patient completed 14 chiropractic sessions as of 09/24/14 and reported some temporarily relief. Based on the submitted documents there were no objective documentation of functional improvement with prior chiropractic care. Therefore, the provider's request for additional chiropractic sessions twice a week for 4 weeks is not medically necessary at this time.