

<b>Case Number:</b>	CM15-0016610		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 23 year old male with an industrial injury dated May 1, 2014. The injured worker diagnoses include cervical and lumbar radiculopathies and cervical and lumbar sprain/strain. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 1/6/2015, the injured worker reported that his neck and back pain continues to be severe at times and most of his pain is in the lower back. Physical examination revealed pain with lumbar facet loading bilaterally, decrease range of motion in the cervical and lumbar spine, decreased sensation C6 dermatome on the left, and decrease sensation L4-S1 dermatomes on the left. The treating physician prescribed services for chiropractic treatment two times a week for four weeks, neck and back. UR determination on January 15, 2015 denied the request for chiropractic 2 x a week for 4 weeks for the neck and back, citing MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x a week for 4 weeks, neck and back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40.

**Decision rationale:** Manual therapy is recommended for chronic musculoskeletal pain with the goal of improving symptoms or objective measurable gains in function that facilitate therapeutic exercises and return to productive activities. Chiropractic care beyond 8 weeks may be indicated for certain patients who experience decreased pain and improved quality of life. However, in this case, there is no documentation in the clinical records that demonstrate objective or functional improvement from prior chiropractic sessions. The requested chiropractic sessions are not medically necessary and appropriate.