

<b>Case Number:</b>	CM15-0112122		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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

### 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 50 year old male injured worker suffered an industrial injury on 12/11/2014. The diagnoses included cervical and thoracic strain. The diagnostics included cervical/lumbar spine computerized tomography, lumbar, cervical and thoracic spine x-rays. The injured worker had been treated with chiropractic therapy with traction. On 5/20/2015, the treating provider reported neck pain, low back and left shoulder. On exam, there was diminished range of motion in the left shoulder. The treatment plan included Chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment including non-surgical spinal decompression to the cervical and lumbar spine 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG guidelines, web-based version, low back chapter, powered traction devices: Not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. Vertebral axial decompression for treatment of low back injuries is not recommended.

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The medical necessity for the requested 12 additional treatments was not established. To date the claimant has received 25 treatments. The most recent evaluation available for review revealed no significant clinical findings that would necessitate the requested additional treatment. Moreover, the request includes nonsurgical spinal disc decompression. Medical treatment utilization schedule guidelines do not address this request that includes nonsurgical spinal disc decompression. ODG guidelines, web-based version, low back chapter indicates that nonsurgical spinal disc decompression is "not recommended." Therefore, consistent with MTUS and ODG guidelines, the medical necessity for the requested 12 additional treatments was not established.