

<b>Case Number:</b>	CM15-0115336		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Minnesota  
 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 injured worker is a 67-year-old male, who sustained an industrial injury on 8/11/2012. He reported motorized vehicle accident involving a go-cart resulting in lumbar bulges and cervical injury. Diagnoses include spinal stenosis, spondylosis, degenerative disc disease, and tension-type headache. Treatments to date include Ibuprofen, muscle relaxer, physical therapy and chiropractic therapy. Currently, he complained of unchanged chronic pain in the neck, right greater than left shoulder associated with headaches as well as low back pain. Current medication includes ibuprofen and Zanaflex. It was documented that he completed a Prednisone taper. The headaches were reported as having increased frequency, up to five a week with greater intensity. On 5/5/15, the physical examination documented there was tenderness over cervical muscles with no trigger points or muscles spasms noted. The plan of care included eight chiropractic therapy sessions, twice a week for four weeks, to include myofascial release in cervical and lumbar regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic sessions to include myofascial release for the cervical and lumbar spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-9792. 26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial treatments over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 8 chiropractic visits over 4 weeks (or 2x4wks) for the cervical and lumbar spine. The request for chiropractic treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.