

<b>Case Number:</b>	CM15-0116101		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 59 year old male who sustained an industrial injury on November 12, 2014. He has reported injury to the cervical spine, low back, and thoracic spine and has been diagnosed with brachial neuritis or radiculitis, cervicgia, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, and closed fracture of unspecified vertebral column without mention of spinal cord injury. Treatment has included medications, chiropractic care, medical imaging, and physical therapy. Musculoskeletal examination noted muscle aches, arthralgias, joint pain, and back pain. Gait was normal. Posture noted LLD normal posture. The treatment request included chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care (6 visits):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 6 chiropractic visits over an unspecified period of time to an unknown area of the body. The request for the amount of treatment is within the above guidelines and therefore the treatment is medically necessary and appropriate.