

<b>Case Number:</b>	CM15-0120987		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 24-year-old male, who sustained an industrial/work injury on 9/25/14. He reported initial complaints of cervical, thoracic, and lumbar discomfort. The injured worker was diagnosed as having cervical, thoracic, and lumbar sprain/strain, low back area. Treatment to date has included medication, diagnostic testing, and physical therapy. X-Rays results were reported in October 2014. Currently, the injured worker complains of lumbar pain with radiation to upper back, tenderness in the right cervical and bilateral upper trapezius region with Baker cyst in the left knee. Per the primary treating physician's comprehensive orthopedic report on 4/2/15, exam notes left shoulder is slightly higher than the right, tenderness to palpation about the right cervical spine and right equal to left upper trapezius muscles, decreased range of motion. There is decreased range of motion of the thoracic spine and shoulders. There is tenderness to palpation about the right equal to left lumbar paravertebral muscles, spinous processes and bilateral sacroiliac joints with decreased range of motion. The requested treatments include chiropractic treatment for the cervical thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the cervical thoracic and lumbar spine 2 times a week for 3 weeks:** Overturned

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

**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 cervical/Thoracic) 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 has requested Chiropractic treatment for the cervical, thoracic and lumbar spine 2 times per week for 3 weeks or 6 visits. The request for 6 trial visits is within the above guidelines and therefore the treatment is medically necessary. In order to receive further treatment the doctor must show documented objective functional improvement from the 6 approved visits.