

<b>Case Number:</b>	CM15-0124506		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Oriental 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 41 year old female, who sustained an industrial injury on 11/25/13. The injured worker has complaints of cervical spine, low back and right lower extremity pain. The documentation noted that there is diffusely tenderness to palpation throughout the right side of her cervical paravertebral musculature, over the posterior and middle scalenes as well as the sternocleidomastoid. The documentation noted that there is diffusely tender to palpation throughout her lumbar paravertebral musculature, more so on the right side where mild spasm is appreciated at the lumbosacral junction and tender to palpation over the right S1 (sacroiliac) joint. The diagnoses have included bilateral L5 radiculopathy; bilateral S1 (sacroiliac) radiculopathy; cervicalgia; L4-5 lumbar disk herniation without myelopathy and right trochanteric bursitis. Treatment to date has included anti-inflammatories and muscle relaxers; chiropractic visits; electromyography/nerve conduction study showed evidence of abnormal electrophysiologic patterns to indicate lumbar radiculopathy; magnetic resonance imaging (MRI) of the cervical spine on 2/3/15 showed cervical spondylosis, most significant at C5-6 where there is 3.5 millimeter right paracentral/lateral disk bulge and osteophytes narrowing the right lateral recess and causing moderate/marked stenosis of the right foramen and magnetic resonance imaging (MRI) of the lumbar spine on 2/3/15 showed L5-S1 (sacroiliac) normal disk height with mild desiccation and mild annular bulge measures 1 millimeter posterior. The request was for chiropractic treatment, cervical, lumbar, knee, ankle, 8 visits (retrospective 10/5/14-5/30/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, Cervical, Lumbar, Knee, Ankle - 8 visits (retrospective 10/5/14-5/30/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**Decision rationale:** The UR determination of 6/16/15 denied the request for additional Chiropractic care to the patient's cervical, lumbar spine and knee/ankle, citing the California MTUS Chronic Treatment Guidelines. The patient's medical history of treatment included an initial trial of care, 6 sessions with reported improvement. The provider documented increased functional gains in the cervical spine. Eight additional sessions were requested. The medical necessity for the requested 8 sessions was not supported by the reviewed documents or the referenced California MTUS Chronic Treatment Guidelines. Therefore, this request is not medically necessary.