

<b>Case Number:</b>	CM15-0128425		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 injured worker is a 44 year old female who sustained an industrial injury on December 14, 2014. She has reported upper and lower back pain and has been diagnosed with cervical herniated nucleus pulposus and lumbar herniated nucleus pulposus. Treatment has included chiropractic care, medication, injection, and acupuncture. The injured worker is 70 % better with chiropractic care. Cervical spine revealed a positive Spurling's sign. There was decreased traps and rhomboid spasm. There was decreased tightness and increased range of motion. The lumbar spine revealed decreased paraspinal spasm. There was tenderness to palpation at L4-5. There was a negative straight leg raise. The treatment request included chiropractic care of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services with modalities & exercises for the cervical spine, 2 times a week for 6 weeks (12 sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months  
Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck pain. Reviewed of the available medical records showed she has recently completed 6 chiropractic visits with 70% improvement in symptom, decreased spasm, decreased tightness, and increase ROM. Based on the guidelines cited, there are objective functional improvements documented, the request for additional 12 visits is medically necessary and appropriate.

**Chiropractic services with modalities and exercises for the lumbar spine, 2 times a week for 6 weeks (12 sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months  
Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic low back pain. Previous treatments include 6 chiropractic visits that helped her improved 70%, decreased paraspinal spasm, and the claimant had been back to work full duties. Based on the guidelines cited, the request for additional 12 chiropractic visits is medically necessary and appropriated due to documented evidences of objective functional improvement with the 6 trial chiropractic visits.