

<b>Case Number:</b>	CM15-0129242		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/21/2000
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<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, 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:

This 72 year old man sustained an industrial injury on 1/21/2000 while pulling a pin that was holding an axle in place. Evaluations include lumbar spine x-rays dated 11/7/2013, lumbar spine MRI dated 1/30/2006, cervical spine MRI dated 1/30/2006, and electromyogram/nerve conduction studies dated 1/30/2006. Diagnoses include lumbar spine degenerative disc disease, lumbar spinal stenosis, lumbar foraminal stenosis, cervical spine degenerative disc disease, cervical spine foraminal stenosis, cervical spine cord compression with gliosis or encephalomalacia, and right upper extremity rille out neuropathy. Treatment has included oral medications and physical therapy. Physician notes dated 5/26/2015 show complaints of low back pain rated 8-9/10 with radiation to the bilateral buttocks, legs, and hips, neck pain rated 7/10 with radiation to the right shoulder and arm, and right shoulder pain rated 9/10 with intermittent radiation to the neck. Recommendations include Vicodin, pain management consultation, updated lumbar spine MRI, laboratory testing, physical therapy, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of chiropractic sessions:** Upheld

**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 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 12 chiropractic sessions over an unknown period of time to an unknown area of treatment. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate. The UR doctor correctly modified the visits to 6 visits.