

<b>Case Number:</b>	CM15-0173159		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 27 year old male, who sustained an industrial injury on August 1, 2013. Medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar herniated disc, lumbar spondylosis without myelopathy, thoracic spine spondylosis without myelopathy, thoracic spine herniated disc, thoracic pain, cervical spondylosis without myelopathy, cervical degenerative disc disease, cervical herniated disc and cervicalgia. The injured worker is not working. Current documentation dated July 31, 2015 notes that the injured worker reported neck, mid-back and low back pain which has remained unchanged. The injured workers pins and needles and numbness was noted to be improved, but the injured worker continued to have aching and cramping. The pain was rated 8 out of 10 on the visual analogue scale. Examination of the cervical spine revealed tenderness to palpation along the bilateral lower cervical paraspinal muscles. Range of motion was full in all directions. A Spurling's test was negative bilaterally. Examination of the lumbar and thoracic spine revealed tenderness to palpation along the mid-thoracic and mid to lower lumbar paraspinal muscles. Lumbar flexion was restricted due to pain. Special testing including a supine straight leg raise test and FABER (flexion, abduction and external rotation) test were negative bilaterally. Documentation date 5-6-2015, 6-15-2015, 7-2-2015 and 7-6-2015 note that the injured workers pain levels continued to be rated 6-9 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy (20 sessions) and acupuncture treatments (12 sessions). Documentation dated July 31, 2015 notes that the injured worker has not had any chiropractic treatments since the industrial injury.

Current medications include Norco, Gabapentin, Pamelor and Flexeril. Current requested treatments include a request for additional chiropractic therapy two times a week for six weeks (# 12) to the lumbar spine, thoracic spine and cervical spine. The Utilization Review documentation dated August 11, 2015 modified the request for additional chiropractic therapy to two times a week for three weeks # 6 (original request was two times a week for six weeks # 12) to the cervical spine, lumbar spine and thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional chiropractic therapy 2 times a week for 6 weeks for the cervical spine, thoracic spine and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (cervical & thoracic also) 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 therapy 2 times per week for 6 weeks or 12 visits for the cervical, thoracic, and lumbar spine. The UR doctor has correctly modified the request for treatment to 6 visits or 3x2 per the above guidelines. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.