

<b>Case Number:</b>	CM15-0046417		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/11/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 37-year-old male who sustained an industrial injury on 5/11/14 from lifting and bending at the waist resulting in onset of low back pain radiating to the legs and heels. The following day he began to experience neck and upper trapezial pain radiating to the left upper extremity and left scapula/ shoulder blade and nausea. Of note, one month prior to the date of injury the injured worker started to experience low back pain resulting from repetitive lifting (per Doctor's First Report of Injury 7/1/14). He is currently experiencing neck and low back pain that awaken him at night. His activities of daily living are limited due to pain. The use of medications is reported but no specific medications were noted. Diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; cervical spine musculoligamentous sprain/strain and left periscapular strain, with left upper extremity radiculitis; bilateral planta fasciitis; sexual dysfunction secondary to pain and gastrointestinal disturbances secondary to prescription medication use. Treatments to date include chiropractic care, splints, injections, medications, physical therapy and acupuncture. Diagnostics included x-rays of the cervical spine (7/1/14); MRI of the low back (no date or results). In the progress note dated 1/12/15 the treating provider requested chiropractic care twice a week for 3 weeks to the lumbar, cervical spine and bilateral feet for continued pain and plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 3 weeks for the Lumbar Spine, Cervical Spine, and Bilateral Feet:** 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 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. Ankle & Foot: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with persistent pain in the neck, low back, and bilateral feet despite previous treatments with medications, acupuncture, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has completed 9 chiropractic visits, however there is no evidences of objective functional improvement. Progress report dated 10/01/2014 by the treating doctor requested pain management referral. Furthermore, MTUS guidelines do not recommend chiropractic treatment for the foot. Therefore, the request for additional 6 chiropractic visits is not medically necessary.