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| <b>Case Number:</b>   | CM15-0064005 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 12/27/2012 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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, 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 66 year old male, who sustained an industrial injury on 12/27/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, left wrist strain, rule out internal derangement of both shoulders, disc osteophyte C3-4, disc bulge L4-5, and disc osteophyte complex L5-S1. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of low back pain with radiation to the bilateral lower extremities and neck pain with radiation across both shoulders. He reported trouble sleeping due to pain and occasional numbness and tingling of the hands. Current medications included Motrin and aspirin. The treatment plan included chirotherapy (2x8), Lorazepam, and an injection of Ketorolac/Xylocaine in the upper arm or upper buttock area. He was not attending therapy and was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chirotherapy 2 times a week for 8 weeks (16 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 3/4/15 UR determination denying additional Chiropractic care to the patient's lumbar spine cited CAMTUS Chronic Treatment Guidelines as supporting criteria. The patient was being managed with Chiropractic care for a cervical/lumbar spine sprains with radicular involvement with an unknown number of visits. The reviewed documents failed to address any recent evidence of flare/exacerbation where a return to active Chiropractic care would be reasonable, the number of completed visits prior to the request for 16 additional visits and evidence that prior care was of any functional benefit to the patient. The medical necessity for continued care, 16 sessions was not supported by records reviewed or consistent with CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.