

<b>Case Number:</b>	CM15-0076549		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 56 year old female who sustained an industrial injury on 08/16/2011. The injured worker was diagnosed with cervical and thoracic spine disc bulge, lumbar sprain/strain, right elbow strain, right and left wrist internal derangement with bilateral hand sprain. Treatment documented to date was diagnostic testing of the lumbar spine, cervical spine, thoracic spine, right elbow and left wrist. The injured worker is status post left elbow surgery (no date documented). According to the primary treating physician's progress report on March 4, 2015, the injured worker continues to experience low back pain with occasional radiation to the left leg. Examination demonstrated painful range of motion of the cervical and lumbar spine. Sensation was intact. Current medications are not documented. Treatment plan consists of continuing with current employment, orthopedic and pain management consultations, ergonomic workstation evaluation and the current request for chiropractic therapy for the cervical spine, thoracic spine, lumbar spine and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, 2 times weekly for 6 weeks (12 sessions) for Cervical, Thoracic & Lumbar Spine, Bilateral Wrists: 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. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic pain in the neck, back, elbows, wrists, and hands. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for the spine, the guidelines do not recommend chiropractic treatments for the wrists and hand. Furthermore, the request for 12 chiropractic sessions also exceeded the guidelines recommendation for chiropractic treatment of the low back. Therefore, it is not medically necessary.