

<b>Case Number:</b>	CM15-0098702		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, 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 is a 48 year old male with a December 16, 2013 date of injury. A progress note dated May 1, 2015, documents subjective findings (neck pain; headaches; right shoulder pain; lower back pain; mid back pain; pain radiating to the left chest), objective findings (tenderness along the thoracic paraspinal muscles with radiation to the left side; tenderness along the cervical and lumbar paraspinal muscles bilaterally as well as pain with facet loading), and current diagnoses (discogenic cervical condition with broad disc protrusions, foraminal narrowing, desiccation, and facet inflammation; impingement syndrome of the right shoulder; thoracic sprain; discogenic lumbar condition with radicular component down the left lower extremity). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (showed disc bulging at L4-L5 and L5-S1), nerve studies (unremarkable), magnetic resonance imaging of the right shoulder (showed bursitis but no tear), magnetic resonance imaging of the thoracic spine (showed disc bulges in various areas), activity modifications, heat therapy, cold therapy, bracing, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times a week for 4 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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 Chiropractic treatment 3 times per week for 4 weeks for the lumbar spine or 12 visits. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.