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| <b>Case Number:</b>   | CM14-0168704 |                              |            |
| <b>Date Assigned:</b> | 10/16/2014   | <b>Date of Injury:</b>       | 05/16/2009 |
| <b>Decision Date:</b> | 11/24/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 23, 2014, the claims administrator retrospectively denied a request for four sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. In a September 19, 2014 progress note, the applicant reported ongoing issues with dyspepsia, adjustment disorder, depression, and chronic pain syndrome. The applicant was asked to switch from Naprosyn to diclofenac. The applicant was placed off of work, on total temporary disability. In a later note dated March 18, 2014, the applicant was given refills of Zoloft and Flexeril. The applicant was asked to discontinue both Naprosyn and omeprazole. The applicant was again placed off of work, on total temporary disability, through April 15, 2014. On April 2, 2014, the applicant was again placed off of work, on total temporary disability. An additional six sessions of chiropractic manipulative therapy were sought for 6/10 low back pain. On May 1, 2014, the applicant was again placed off of work, on total temporary disability. Tramadol, Flexeril, Nexium, Menthoderm gel were endorsed while the applicant was asked to pursue additional manipulative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for chiropractic treatment to the cervical /lumbar spine, QTY: 4 sessions, provided on the service dates of 09/02/2014, 09/04/2014, 09/09/2014 and 09/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** While on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work, in this case, however, the applicant was seemingly off of work, on total temporary disability, throughout 2014, despite having had extensive manipulative therapy prior to the dates in question. Continued pursuit of a previously tried and failed modality was not indicated. Therefore, the request is not medically necessary.