

<b>Case Number:</b>	CM14-0051035		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 licensed in Chiropractic and 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:

The patient is a 65 year old female who injured her neck and lower back on 6/12/2009 as a result of performing her duties as a registered nurse. The patient is status post -surgical prior date of injury 6/12/2009 for bilateral knees, neck, low back and left shoulder. This request addresses the neck and lower back only. The chief complaints per the primary treating physician's comprehensive report are stated as follows "The patient continues to have neck, left upper extremity, low back and left lower extremity pain. In regards to her neck pain she has headaches. She notes that she has tightness on the left side. In regards to her low back, she notes that the pain radiates down her left lower extremity." Patient has been treated with medication, radiofrequency ablation, chiropractic care and physical therapy in addition to surgery for her knees and left shoulder. The patient has also received surgical treatment for her neck and low back, however these were provided before the date of injury 6/12//2009. The diagnoses assigned by the treating physician are syndrome post-laminectomy cervical and syndrome post-laminectomy lumbar. MRI studies of the cervical and lumbar spine have revealed multilevel disc degeneration and spondylosis most pronounced at C4-5 and lumbar post-surgical laminectomy and discectomy at several levels. The PTP is requesting 6 additional chiropractic care sessions to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic cervical spine pain, Chiropractic treatment, Functional im.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Secti.

**Decision rationale:** This is a chronic post-surgical case where all surgery provided was prior to the date of injury for the neck and lower back. Per the review material provided, chiropractic care has been rendered to this patient in the past. Records of prior chiropractic care do not exist in the materials provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Neck and Upper Back Chapters recommend chiropractic care with evidence of objective functional improvement. Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The 6 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate.