

<b>Case Number:</b>	CM14-0086651		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

There were 139 pages provided for review. The application for independent medical review was signed on June 9, 2014. The request was for continued chiropractic care. The accident occurred on July 9, 2013. The diagnoses were lumbar strain and cervical disc bulges. There was a physical therapy progress note provided for review, which indicated decreased cervical range of motion and strength. The PR-2 from April 10, 2014 was limited and hand written. The patient was taking Hydrocodone and Ambien. The notation was illegible and the diagnosis was illegible. Chiropractic care was recommended and the medicines were filled. There was no description of previous chiropractic care and what the objective outcomes were. The status of the aggressive self-directed home program was not mentioned. The frequency and duration was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Chiropractic Care (No Duration Specified): 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 Page(s): 58.

**Decision rationale:** The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. With 18 automatic sessions per year, this key concept of MTUS ACOEM is not met. Therefore, this request is not medically necessary.