

<b>Case Number:</b>	CM14-0149210		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Services, has a subspecialty in Acupuncture 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 reported to be 58 year old ramp service manager for [REDACTED] who sustained an industrial injury of 10/7/13. He is being medically managed by [REDACTED] for chronic residuals of neck and back pain that followed the lifting injury of 10/7/13. The 8/22/14 follow-up evaluation with [REDACTED] was also for continued management of significant neck and lower back pain. The patient was reported to have completed 24 Chiropractic visits, continues to use a home TENs and medications. On 9/5/14 a UR determination was issued by [REDACTED] denying the request of [REDACTED] for an additional 12 Chiropractic visits stating that the patients' medical history of Chiropractic care was reported by the patient as not find useful. [REDACTED] did not find evidence of The CAMTUS Chronic Pain Guidelines effective 7/18 was referenced to support the determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro treatment X 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** On 9/12/14 [REDACTED] submitted an appeal to the UR determination denying further Chiropractic care. The physical stated that the patient was status post 24 Chiropractic visits reporting the visits are helpful; physical therapy was making him worse. Examination findings were reported along with a review of prior diagnostics. [REDACTED] restated the foundation of denial further Chiropractic care was the lack of objective evidence of functional gain with prior care. He then modified his request of 12 sessions to 6 sessions. [REDACTED] [REDACTED] did not respond to the UR reviewers support for denial of further care being the absence of any functional improvement over the period to time Chiropractic care was provided, care that was initiated on/about 10/08/13. The CA MTUS Chronic Treatment Guidelines referenced require of the requesting provider clinical evidence of functional improvement should additional care be requested; none was provided. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. In the absence of required documentation of functional improvement referenced in the UR denial letter of 9/5/14, the requested 12 sessions of Chiropractic care remains not medically necessary and appropriate.