

<b>Case Number:</b>	CM14-0188821		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/08/1998
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 a licensed Chiropractor, 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 a 64 year old female with a reported date of injury of 2/8/1998. The mechanism of injuries as reported to the QME on 10/14/10 included an 11/16/1995 fall over a highchair; February 1998 she slipped on a tile falling to the floor with CT scans 8/1/2002 through 9/30/2003. On 10/16/14 a request for additional Chiropractic care was submitted, 5 visits for management of chronic pain in the patients neck, mid-back and lower back. On 11/4/14 a UR determination denied the request for 5 Chiropractic visits stating that there was a lack of documentation supporting functional deficits such as decreased ROM and decreased strength assessment (deficits were reported absent actual examination findings of Rom loss). In the absence of functional deficits further Chiropractic care as requested on 10/16/14, 5 visits was non-certified. The CAMTUS Chronic Treatment Guidelines; manual therapy was offered as evidence based support for the denial of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **5 Chiropractic Care Office Visits for Neck, Low Back and Right Knee: Upheld**

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

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

**Decision rationale:** The 11/4/14 UR determination denying additional Chiropractic care, 5 sessions was reasonable and supported by reviewed records and the CA MTUS Chronic Treatment Guidelines. The reviewed reports of 10/16-18 and 28, 2014 from [REDACTED] addressed deficits in the spine but clinical documentation was absent of actual ROM loss or evidence that prior Chiropractic management with manipulation lead to objective evidence of functional improvement. A prerequisite for consideration of additional care per CA MTUS Chronic Treatment Guidelines is needed for further consideration. "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. As such, the request is considered not medically necessary.