MAXIMUS Federal Services

| Case Number: | CM14-0192630 | | |
|---|---|---|---|
| Date Assigned: | 11/26/2014 | Date of Injury: | 09/12/2009 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

## 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 Acupuncture and 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 injured worker is a 65 year old male who reported neck and low back pain from injury sustained on 09/12/09 after he was attacked by a homeowner. MRI of the lumbar spine revealed multilevel disc bulges. Patient is diagnosed with cervical spine sprain/strain with bilateral upper extremity radiculopathy; cervical spine degenerative disc disease; lumbar spine sprain/strain with bilateral lower extremity radiculopathy; shoulder strain. Handwritten notes dated 10/27/14 were highly illegible. Per medical notes dated 10/27/14, pain patient complains of persistent neck pain radiating to right upper extremity and low back pain which radiates to bilateral lower extremity. His low back pain flared up this week. Current pain is rated at 7-8/10 and decreases to 4/10 with medication. Examination revealed decreased cervical spine lordosis, tender trapezius and paravertebral muscles with guarding and increased neck pain with axial compression; decreased lordosis of lumbar spine and tender paravertebral muscles. Provider requested additional 8 chiropractic sessions which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight Chiropractic treatment sessions (unknown body part):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition- Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 10/27/14, patient complains of persistent neck pain radiating to right upper extremity and low back pain which radiates to bilateral lower extremity. His low back pain flared up this week. Provider requested additional 8 chiropractic sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.