

<b>Case Number:</b>	CM14-0204018		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Chiropractor (DC) 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 36 year old female who sustained injuries to her neck, lower back, knees and upper extremities on 06/05/2013 as a result of a slip and fall incident. The patient is status post right carpal tunnel release. Per the PTP's progress report the patient complains of "stiffness in neck, difficulty turning her neck, pain radiating into shoulder blades." Per the specialty physician's report the patient "complains of lower back pain which consists of a burning pain which spreads to the left lower extremity posteriorly and this comes and goes." For her neck and lower back complaints the patient has been treated with medications, chiropractic care, TENS, electrical stimulation, home exercises and physical therapy. The diagnoses assigned by the PTP for her neck and low back are cervical spine strain with disc herniation and lumbar spine strain with disc herniation. There are no records of imaging studies in the review materials provided. An EMG study of the lower extremities has been positive for the "presence of acute and chronic lumbosacral radiculopathy involving primarily L5-S1 left greater than right." The PTP is requesting 8 additional sessions of chiropractic care 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:

**Chiro 2 x 4 to neck and back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections; MTUS Definitions Page 1.

**Decision rationale:** The patient has received 27 sessions of chiropractic care per the UR reviewer's notes however, this could not be verified by the records provided. The progress reports provided from the primary treating physician do not show objective functional improvement as defined by MTUS with the prior chiropractic care. The past chiropractic treatment notes are absent from the records provided. The 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 Low Back Chapters recommend for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. I find that the 8 chiropractic sessions requested to the neck and lower back to not be medically necessary and appropriate.