

<b>Case Number:</b>	CM14-0061293		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 34 year old male, who sustained an industrial injury on October 27, 2013. He has reported head and neck injuries. His diagnoses include contusion and straining of the thoracic spine, contusion and straining of the lumbar spine, and thoracic disc protrusion at thoracic 6, thoracic 7-8, thoracic 10-11. On January 3, 2014, an MRI of the cervical spine was performed. He has been treated with work modifications, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. The records refer to prior courses of physical therapy and chiropractic therapy, but do not provide specific dates or results. On March 5, 2014 his treating physician reports he was continuing his chiropractic therapy with improvement, and exercises with transcutaneous electrical nerve stimulation (TENS). The physical exam revealed tenderness to palpation of the thoracic and lumbar paravertebral muscles. The thoracic spine range of motion was mildly limited. The lumbar range of motion was limited with increased pain with motion. The straight leg raising and rectus femoris stretch sign were negative for any nerve irritability. The treatment plan includes additional chiropractic therapy. On April 4, 2014 Utilization Review non-certified a prescription for 12 Chiropractor sessions (2 x 6) for the lumbar and thoracic, noting the lack of new residual deficits to warrant additional chiropractic care, the lack of documentation of significant objective functional gains with the prior 12 treatments, and an appropriate ongoing treatment can be obtained in a home exercise program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractor Sessions to Cervical, Lumbar & Thoracic 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009), page 7/127; 30-127 Page(s): 7/127; 30-127.

**Decision rationale:** The reviewed medical records reveal the initiation of Chiropractic care in December 9, 2013 for management of chronic contusions of the cervical, thoracic and lumbar spines along with symptoms attributable to closed head injury and cervical spine radicular syndrome. Additional care was requested on 12/23/14 and 2/12/14. Through the subsequent request for additional Chiropractic care on 3/5/14 documentation of completed care was not provided or the medical necessity to continue Chiropractic care based on objective evidence of functional improvement. CAMTUS Chronic Treatment Guidelines require clinical evidence of functional improvement prior to consideration of additional care. The UR determination to deny further Chiropractic care on 4/4/14 was appropriate and supported by the failure of submitted reports to document objective clinical evidence of functional improvement and the medical necessity to continue care without documentation of functional gains with prior care.