

<b>Case Number:</b>	CM15-0000086		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 patient is reported to be a 53 year old female with a history of and industrial injury on 9/19/07 followed by a subsequent injury on 9/19/2009. Both injuries were directed to the left knee and lower back. The treating diagnoses included neck sprain, lumbosacral sprain and shoulder sprain. Medical management from [REDACTED] included physical therapy and Chiropractic care. The 10/15/14 PR-2 request from the provider documented pain across the lower back, right or than left and working without restrictions. Treatment request: 6 additional Chiropractic visits for the neck and lower back. A UR determination dated 12/8/14 denied further Chiropractic based on CAMTUS Chronic Treatment Guidelines that require evidence of functional improvement prior to consideration of additional care. An Appeal to this determination was submitted by the provider on 12/12/14. A peer discussion on the request for additional Chiropractic followed. The appeal was denied based on evidence based criteria: CAMTUS Chronic Treatment Guidelines. No evidence of functional improvement was provided from prior Chiropractic application.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy/ Physical Therapy 2 times a week for 3 weeks for neck and low back:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipul.

**Decision rationale:** The reviewed medical records from the medical provider document that prior Chiropractic care was provided to manage chronic complaints in the patients neck, lower back and possibly the shoulder/s with no submitted documentation from the provider that any objective evidence of functional improvement was obtained from the injured. 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. The CAMTUS Chronic Treatment Guidelines require of the requesting provider clinical evidence of functional gains as referenced prior to consideration of additional care; none was provided. The UR determination of 12/8/14 was an appropriate determination and supported by evidence based criteria, CAMTUS Chronic Treatment Guidelines.