

<b>Case Number:</b>	CM15-0001851		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 41 year old male, who sustained an industrial injury on 1/17/14. He has reported neck and back pain. The diagnoses have included lumbar sprain, cervical sprain/strain, and thoracic sprain. Treatment to date has included conservative care, acupuncture, diagnostics, extracorporeal shockwave treatments, TENS unit, chiropractic, physical therapy, medications and back brace. Currently, as per the primary physician's PR2 dated 10/18/14, the IW complains of neck pain, stiffness and heaviness associated with movement, prolonged looking up or down and sleep positions. The pain is dull and rated 6/10. He complains of frequent dull, sharp upper back pain and stiffness associated with movement. The IW also complains of constant severe sharp low back pain and stiffness rated 7/10 and associated with movement and prolonged standing. The pain seems to improve with medications. The IW also suffers from depression and anxiety. There was tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There is muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Soto-Hall is positive. There is tenderness to palpation of the paravertebral muscles. There is tenderness to palpation of the thoracic vertebral and lumbar paravertebral muscles. Kemp's sign is positive. There were also psychological complaints. The IW had acupuncture 12 sessions previously which helped temporarily. He also had extracorporeal shockwave treatments with benefit in the musculoskeletal system of 75-80 percent. There was no documentation of past acupuncture sessions, physical therapy, diagnostics or current medications. On 12/8/14 Utilization Review non-certified a request for chiropractic 1xwk for 6 weeks, noting the there are no new residual deficits that warrant additional chiropractic treatment, IW has received chiropractic care with no

documentation of significant functional benefits, and appropriate ongoing treatment can be obtained with a home exercise program. The MTUS Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 1x6 Weeks 6 Sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions. 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, 6 Chiropractic visits are not medically necessary.