

<b>Case Number:</b>	CM15-0105582		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Chiropractic

### 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 55 year old male, who sustained an industrial injury on 4/26/12. The injured worker has complaints of thoracic and low back pain. The documentation noted at the thoracic spine he is tender T6 through T8 and lumbar spine has mild tenderness in the paraspinal muscles and facets and range of motion is fairly full. The diagnoses have included low back pain; lumbar degenerative disc disease; thoracic back pain and muscle pain. Treatment to date has included electro diagnostic study showed evidence of bilateral chronic L5 radiculitis and there is no evidence of a lower extremity distal entrapment neuropathy, peripheral neuropathy or lumbosacral plexopathy; magnetic resonance imaging (MRI) showed a facet degenerative change at L4-5; physical therapy; chiropractic treatments that had significantly reduced his pain to a very manageable level; injections; norco; soma and motrin. The request was for 8 additional chiropractic therapy sessions to the mid and lower back. The UR department has modified the request and approved 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections.

**Decision rationale:** The patient has received chiropractic care for his thoracic and lumbar spine injury in the past per the PTP's progress notes. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck & Upper Back and Low Back Chapters recommend 1-2 additional sessions and up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The Chronic Pain Medical Treatment Guides also recommend additional chiropractic treatment for the lumbar spine with evidence of objective functional improvement. 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 past chiropractic treatment notes are not present in the materials provided for review. The efficacy of past chiropractic care cannot be determined. There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The number of chiropractic sessions to date are not specified. The UR department has modified the request and approved 4 sessions. I find that the 8 additional chiropractic sessions requested to the thoracic and lumbar spine to not be medically necessary and appropriate.