

<b>Case Number:</b>	CM15-0135953		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/24/1996
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

This 72 year old female sustained an industrial injury to the neck and low back on 12/24/96. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (4/16/15) showed disc desiccation, anterolisthesis and status post lumbar fusion. In the most recent progress note submitted for review, dated 5/13/15, the injured worker reported increasing neck pain associated with hand swelling, more sacral pain and ongoing swelling in the ankles and feet. The injured worker also reported that two and a half weeks ago she had heard a snap thin her low back with subsequent increase to low back pain that was gradually improving at the time of exam. The injured worker reported that recent lumbar spine epidural steroid injections (3/24/15) had provided 50% pain relief that was now returning. Current diagnoses included cervical spine radiculopathy, lumbar post laminectomy syndrome, cervical spine degenerative disc disease, fibromyositis versus myofascial disorder, limb pain, low back pain, thoracic pain and peripheral neuropathy. The treatment plan included continuing medications (Dilaudid, Lidoderm film, Allegra and Neurontin), continuing home exercise and a right L2-3 epidural steroid injection. The PTP is requesting re-examination and 6 additional sessions of chiropractic care to the cervical spine. The UR department has modified the request and approved re-examination and 4 sessions of chiropractic care to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic re-exam stimulation therapy, traction x 6 visits over 2 weeks for cervical:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**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 Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her 12/24/1996 cervical spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 with evidence of objective functional improvement. However, the cap on visits is a soft cap and can be over-ruled by the carrier. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and approved 4 additional sessions. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.