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| <b>Case Number:</b>   | CM15-0144298 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 12/12/2014 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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 (IW) is a 55-year-old female who sustained an industrial injury on 12/12/2014. She reported pain bilaterally in her sacroiliac, lumbar sacral, thoracic, and cervical areas while moving chairs at her job. The injured worker was diagnosed as having: Lumbar sprain-strain. Non-allopathic lesions thoracic. Non-allopathic lesions cervical. Treatment to date has included pain medications, use of a cane. Currently, the injured worker complains of intermittent, slight to moderate pain in the lumbar spine rated a 3 on a scale of 10. The pain is worse on the left. Her symptoms have improved 50% following use of a cane. She experiences midback and neck pain as her lumbar symptoms intensify over the day. On examination, she has decreased range of motion in lumbar extension, which causes pain. Slight digital palpation revealed hyper tonicity in the lumbar paraspinals bilaterally and in the left gluteal muscles. The treatment plan is for additional chiropractic care. A request for authorization was made for the following: Additional 6 sessions of chiropractic over 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of chiropractic over 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): pages 58/59.

**Decision rationale:** The UR determination of July 7/22015 denied the treatment request for 6 additional Chiropractic visits over 4 weeks to manage the patients lower back deficits citing CAMTUS Chronic Treatment Guidelines. At the time of the request for additional care, the claimant has completed 12 sessions of Chiropractic manipulation and 6 physical therapy visits with the ability to work full duty. The reviewed medical records failed to provide clinical evidence of functional improvement, a prerequisite for consideration of additional care per CAMTUS Chronic Treatment Guidelines. The medical necessity for the requested additional 6 Chiropractic visits to manage lower back deficits was not provided by report or comply with referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.