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| <b>Case Number:</b>   | CM15-0149291 |                              |            |
| <b>Date Assigned:</b> | 08/14/2015   | <b>Date of Injury:</b>       | 10/20/2014 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/03/2015 |

### 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 is a 57 year old male with an October 20, 2014 date of injury. A progress note dated June 15, 2015 documents subjective complaints (lumbosacral symptoms with radiation of pain and numbness to the right buttock, right posterior thigh, right ankle, right foot, and right distal digits; right ankle symptoms with radiations of pain and numbness to the right ankle, foot, and distal digits), objective findings (decreased and painful range of motion of the lumbar spine; decreased and painful range of motion of the right ankle; positive Kemp's test bilaterally; positive valsalva test with pain to the lumbar spine; right sided hypoesthesia at the L3 dermatome level), and current diagnoses (lumbosacral sprain and strain; lumbosacral neuritis or radiculitis; right ankle and foot sprain and strain). Treatments to date have included imaging studies, chiropractic treatments (24 sessions) that relieve pain, and work restrictions. The treating physician documented a plan of care that included four additional sessions of chiropractic treatment for the right ankle and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment right ankle-lumbar 4 additional sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Treatment.

**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) Low Back, Ankle & Foot, Manipulation.

**Decision rationale:** The patient has received 24 sessions of chiropractic care for his lumbar spine and right ankle injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation for the ankle. 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. I find that the 4 additional chiropractic sessions requested to the lumbar spine and right ankle to not be medically necessary and appropriate.