

<b>Case Number:</b>	CM15-0163057		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 42 year old female, who sustained an industrial injury on 9-14-2005. She reported bending down and hitting her head on a steel beam. The injured worker was diagnosed as having cervical myofascial strain with trigger points left trapezius, thoracic myofascial strain, left medial epicondylitis, bilateral sacroiliitis, lumbar myofascial strain, left ulnar neuropathy, occipital neuralgia, left infraspinatus tear, and left shoulder acromioclavicular arthropathy. Treatment to date has included diagnostics, physical therapy, unspecified chiropractic, acupuncture, cervical fusion in 2008, left shoulder surgery 5-2014, trigger point injections, cortisone injections, and medications. An Agreed Medical Re-Examination (6-04-2015) recommended an additional trial of chiropractic and-or physical therapy. Currently, the injured worker complains of headache, almost daily, with a tingling sensation. She also reported more cramping in both legs, tightness and inflammation in the left side of her neck into her jaw, and down the clavicle. Pain was currently rated 3-4 out of 10 and 6-7 on average. She reported relief from a recent cortisone injection to her left shoulder. Her work status was temporary partial disability and she was not working. The treatment plan included chiropractic sessions for the cervical and lumbar spines for 16 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen (16) chiropractic visits 2 times a week for 8 weeks for the cervical and lumbar spine:** 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) Low Back, Neck & Upper Back/Manipulation.

**Decision rationale:** The patient has suffered a chronic injury to her neck and lower back. The date of injury is 9/14/2005. It is unclear from the records reviewed if the patient has received chiropractic care for her injuries in the past. The total number of chiropractic sessions if any 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 for the lower back but is silent on the cervical spine. The ODG Low Back Chapter recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement and for the cervical spine up to 18 sessions. The same section also recommends an initial trial of chiropractic care 6 sessions over 2 weeks. 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 PTP's progress notes reviewed. If there has been no chiropractic care in the past and this is an initial request for a trial of chiropractic care, the 16 sessions requested far exceed The MTUS and ODG recommendations. I find that the 16 chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.