

<b>Case Number:</b>	CM15-0168262		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/05/1979
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 68-year-old male with a date of injury of September 5, 1979. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, cervical subluxation, and fibromyalgia. A letter from the treating physician (August 6, 2015), notes that the injured worker had been receiving treatment for several years that was "Very effective in supporting his long standing disability". The treating physician states in the letter that the another provider stated that the injured worker "Is able to maintain this functional capacity to keep up with his activities of daily living and maintain a reasonable pain level with on average 2-4 visits per month". The treating physician noted that the treatment continued and "Has provided the relief of his symptoms and provided for a higher level of his daily activities". Recent medical records documenting subjective complaints and physical examinations were not provided for review. Treatment has included chiropractic therapy since at least September of 2008. The original utilization review (August 19, 2015) non-certified a request for forty-eight sessions of chiropractic therapy to the neck and upper back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**48 chiropractic treatments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his cervical and thoracic spine injury in the past. The AME on the case has opined that the patient should receive 2-4 sessions of chiropractic care every month for 12 months. The patient has been approved for 48 sessions in 2013. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. It is not clear how many times in the past several years approval for 48 sessions has been received. 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 but is silent on the cervical spine. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS does not address AME opinions and how they influence necessity of care. 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." In this case The MTUS and ODG Guidelines have to be followed as reference point. There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 48 additional chiropractic sessions requested to the cervical and thoracic spine to not be medically necessary and appropriate.