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| <b>Case Number:</b>   | CM15-0183897 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 04/21/2014 |
| <b>Decision Date:</b> | 11/02/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2015 |

### 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 42 year old male injured worker suffered an industrial injury on 4-21-2014. The diagnoses included headaches, cervical radiculopathy, sprain-strain and lumbar radiculopathy, sprain-strain. On 8-11-2015 the treating provider reported the cervical spine had pain associated with headaches rated 9 out of 10 without medications and 6 out of 10 with medications that radiated to upper extremities with numbness and tingling. The lumbar spine pain was rated 8 out of 10 without medications and 6 out of 10 with medications that radiated to the lower extremities with numbness and tingling. On exam there was tenderness to the cervical spine. Prior treatment included medications. The progress note 7-13-2015 indicated the injured worker had therapy but there were no details offered as to what genre or number of sessions. The Utilization Review on 8-27-2015 determined non-certification for 8-18 Visits of chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8-18 Visits of chiropractic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already chiropractic therapy with no documented functional improvement. Therefore further chiropractic visits are not medically necessary.