

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0190825 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 06/25/2012 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/28/2015 |

### 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

### 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 59 year old female sustained an industrial injury on 6-25-12. Documentation indicated that the injured worker was receiving treatment for back, neck, bilateral upper extremity and bilateral lower extremity pain. The injured worker had been receiving ongoing chiropractic therapy since at least September 2014. In a chiropractic therapy daily noted dated 1-5-15, the injured worker complained of pain to the neck, mid back, low back, sacrum, bilateral hamstrings, right calf, right heel and bilateral hands, rated 5 to 7 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the thoracic spine, cervical spine and lumbar spine with spinal fixation at C5, T4, T8, t10 and L5, noted to be improved since last visit. The treatment plan included continuing chiropractic therapy. The injured worker complained of ongoing pain to multiple body parts, ranging from 4-9 out of 10, in chiropractic therapy progress notes throughout 2015. In a chiropractic therapy progress note dated 7-28-15, the injured worker complained of pain to the neck, low back, sacrum, right hamstring, right calf and mid back, rated 4 to 7 out of 10. Physical exam was remarkable for was unchanged from the 1-5-15 exam. The treatment plan included continuing chiropractic therapy. On 9-8-15, Utilization Review non-certified a request for chiropractic therapy (times 40) (year 2015) DOS: 1/5/15, 1/14/15, 1/16/15, 1/19/15, 1/23/15, 1/30/15, 2/23/15, 3/13/15, 3/16/15, 3/23/15, 3/27/15, 4/1/15, 4/6/15, 4/8/15, 4/30/15, 5/4/15, 5/6/15, 5/8/15, 5/11/15, 5/13/15, 5/15/15, 5/18/15, 5/20/15, 5/22/15, 5/26/15, 5/27/15, 5/29/15, 6/1/15, 6/8/15, 6/10/15, 6/12/15, 7/10/15, 7/14/15, 7/15/15, 7/20/15, 7/22/15, 7/23/15, 7/27/15, 7/28/15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro (times 40) (year 2015) DOS:** 1/5/15, 1/14/15, 1/16/15, 1/19/15, 1/23/15, 1/30/15, 2/23/15, 3/13/15, 3/16/15, 3/23/15, 3/27/15, 4/1/15, 4/6/15, 4/8/15, 4/30/15, 5/4/15, 5/6/15, 5/8/15, 5/11/15, 5/13/15, 5/15/15, 5/18/15, 5/20/15, 5/22/15, 5/26/15, 5/27/15, 5/29/15, 6/1/15, 6/8/15, 6/10/15, 6/12/: Upheld

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

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

**Decision rationale:** The claimant presented with chronic neck and back pain despite ongoing chiropractic treatments. According to evidences based MTUS guidelines, total up to 18 visits might be recommended if there are evidences of objective functional improvement. Ongoing maintenance chiropractic treatments are not recommended. Therefore, the request for 40 ongoing chiropractic treatment is not medically necessary.

**Chiro (times 30) (year 2014) DOS:** 9/17/14, 9/18/14, 9/22/14, 9/24/14, 9/26/14, 9/29/14, 10/1/14, 10/6/14, 10/8/14, 10/10/14, 10/12/14, 10/15/14, 10/17/14, 10/20/14, 10/21/14, 10/24/14, 11/24/14, 11/26/14, 12/3/14, 12/5/14, 12/8/14, 12/10/14, 12/12/14, 12/15/14, 12/17/14, 12/19/14, 12/22/14, 12/29/14: Upheld

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

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

**Decision rationale:** According to the available medical records, the claimant has ongoing pain in the neck, back, bilateral upper extremities, and bilateral lower extremities despite treatments with extensive chiropractic visits. Although evidences based MTUS guidelines might recommend up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement, the request for 30 visits exceeded maximum guidelines recommendation. Therefore, it is not medically necessary.