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| <b>Case Number:</b>   | CM15-0191558 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 01/20/2010 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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:

The injured worker is a 56 year old, male who sustained a work related injury on 1-20-10. A review of the medical records shows he is being treated for neck and back pain. Treatments have included 24 sessions of chiropractic treatment. Current medications include Norco, Maxalt, Ibuprofen and Voltaren gel. In the progress notes, the injured worker reports back and neck pain. He states his pain is "much worse" without treatment. He states the "best help" is massage and chiropractor. He reports he is "having the best pain relief he has had in a few years." He states pain is "decreased down" and better controlled. His pain level is 3-4 out of 10 with treatments. He reports his back pain is generalized, located on both sides; lumbar region, sacral region and neck. He reports the chiropractor "helps a lot, greater than 50% improvement in pain and function." Objective findings dated 8-31-15, he has lumbar tenderness bilaterally. Lumbar range of motion is decreased. He has mild pain in cervical area. He is retired. The treatment plan includes a request for additional chiropractic treatment. The Request for Authorization dated 8-31-15 has requests for chiropractic sessions x 6 and for Norco. In the Utilization Review dated 9-22-15, the requested treatment of 6 additional chiropractic sessions is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1x6 Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. Previous treatments include medications, physical therapy, massage therapy, and chiropractic. According to the available medical records, the claimant has completed 24 chiropractic visits previously. The claimant also completed 6 chiropractic visits recently which help decreased his symptoms, however, symptoms increased without treatments. The claimant has exceeded the guidelines recommendation for flare-up, and ongoing maintenance chiropractic treatment is not recommended by MTUS guidelines. Therefore, the request for additional 6 chiropractic visits is not medically necessary.