

<b>Case Number:</b>	CM15-0209691		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/30/1996
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: 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 77 year old male who sustained an industrial injury on 11-30-96. A review of the medical records indicates he is undergoing treatment for lumbar intervertebral disc displacement, without myelopathy, cervical intervertebral disc displacement without myelopathy, and lumbar dislocation due to injury. Medical records (4-22-15, 7-15-15) indicate complaints of lower neck and lower back pain. He rates his pain "6-8 out of 10". The 7-15-15 record indicates he presents to the office with a "flare-up-exacerbation". The injured worker reports that while walking and bending when doing yard work, he experienced "sharp" pains in his neck and back. The physical exam (7-15-15) reveals radiation of pain into bilateral buttocks. The straight leg raise is positive on the right at 20 degrees. Range of motion of the cervical and lumbar spine is diminished. Motor testing of bilateral cervical extensors is "+4 out of 5" and bilateral gluteus maximus "4 out of 5". Treatment has included rest, use of ice, stretching, and at least 8 sessions of chiropractic treatment. The records do not indicate effects on activities of daily living or his work status. The treatment plan includes 6 visits of chiropractic adjustments, to include myofascial release, therapeutic exercise, electrical muscle stimulation, and mechanical traction, as well as a re-examination. The utilization review (10-13-15) includes requests for authorization of 6 chiropractic treatments to include myofascial release, therapeutic exercise, EMS, and mechanical traction and a re-examination. Both requests were denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Treatments to include: Myofascial Release, Therapeutic Exercise, EMS and Mechanical Traction:** 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 on 07/15/2015 with flare-up on neck and low back pain. According to the available medical records, the claimant has been receiving periodic chiropractic treatments for flare-ups of his injury, last date of flare-up was on 04/22/2015 and last treatment was on 07/01/2015 which the claimant has had at least 6 chiropractic visits. While MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. Based on the guidelines cited, the request for additional 6 visits is not medically necessary.

**Re-Examination:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The claimant presented with flare-ups of chronic neck and low back pain. According to the available medical records, the claimant has had periodic flare-ups and chiropractic treatment for his condition. The claimant last completed his chiropractic treatment on 07/01/2015. Although occasional flare-ups are recommended with 1-2 chiropractic treatments every 4-6 months, ongoing maintenance care is not recommended by MTUS guidelines. Therefore, re-exam is not medically necessary in this case due to ongoing care and short time period since the last examination.