

<b>Case Number:</b>	CM15-0022401		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/28/1995
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 injured worker is a 54-year-old female who sustained an industrial related injury on 3/28/95. The injured worker had complaints of low back pain. Physical examination findings included lumbar spine ranges of motion are 50% of normal. Right foot drop and Kemp's test were positive on the right. Diagnoses included lumbar post laminectomy syndrome and chronic fibromyositis. Treatment included a home exercise program and chiropractic treatment. The treating physician requested authorization for retrospective chiropractic treatments (myofascial release, manipulation, traction, mechanical, evaluation) to the lumbar spine x5: dates of service 11/5/14 to 12/10/14 and retrospective chiropractic treatments (myofascial release, manipulation, traction, mechanical, evaluation) to the lumbar spine x4: dates of service 12/17/12 to 1/14/15. On 1/29/15, the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had received 12 chiropractic care treatments without documented objective functional improvement. Therefore, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Chiropractic Treatments (myofascial release, manipulation, traction mechanical, evaluation) to the lumbar spine x5, DOS 11/05-12/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 7/127; 30-127.

**Decision rationale:** The treating physician requested authorization for retrospective Chiropractic treatments (myofascial release, manipulation, traction, mechanical, evaluation) to the lumbar spine x5: dates of service 11/5/14 to 12/10/14. The UR determination of 1/29/15 denied these retrospective dates of services stating that the request for care was not reflective of any documented flare or exacerbation preceding this request or clinical evidence of medical necessity for Chiropractic manipulation. The patient had completed 12 prior Chiropractic dates of services with no reported benefit. The determination felt that the treatment history reflected more maintenance care than curative care for an acute presentation. A review of submitted records including the UR determination of 1/27/15 found no clinical evidence of support for continuing Chiropractic manipulation that did reflect more of a palliative or maintenance approach to care leaving the UR determination to deny care consistent with referenced CAMTUS Chronic Treatment Guidelines. The UR determination of 1/27/15 was appropriate and consistent with reference Guidelines.

**Retro: Chiropractic Treatments (myofascial release, manipulation, traction mechanical, evaluation) to the lumbar spine x4 DOS 12/17/14- 1/14/14: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); | pg. 7/127; 30-127.

**Decision rationale:** The patient's past history of Chiropractic care reflected completion of 12 Chiropractic visits provided on a less than frequent basis for reported chronic pain. The applied care was not followed by a supplemental report addressing any functional improvement or gain in ADL, lessening in medical management or RTW status. The UR determination of 1/29/15 found that care applied was not consistent with CAMTUS Chronic Treatment Guidelines and did not document any objective clinical findings of functional improvement sufficient to warrant additional treatment. The determination to deny further care was appropriate and consistent with CAMTUS Chronic Treatment Guidelines.

