

<b>Case Number:</b>	CM15-0022519		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/28/2015
<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: Chiropractic

### 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 38 year old male, who sustained an industrial injury on August 21, 2013. The diagnoses have included lumbago, displacement of the lumbar intervertebral discs, cervicgia, and thoracic neuritis. Treatment to date has included pain medications and MRI. On March 3, 2015, the treating physician noted left upper extremity pain and increased pain and weakness in the legs. The physical exam revealed an antalgic gait. He was unable to don and doff his shoes, and unable to get on and off the exam table independently. The cervical spine had diminished range of motion and bilateral superior trapezial and levator scapulae were tender to palpation. There was no spinous process tenderness or palpable masses along the cervical spine. The lumbar spine had diminished range of motion and tenderness to palpation of the bilateral lumbar paraspinal muscles with spasms and without sciatic notch tenderness, gluteal spasm, spinous process tenderness or palpable masses along the lumbar spine. The bilateral facet loading maneuver was negative and the right straight leg raise was positive in the seated and supine position to 45 degrees. The motor strength of the bilateral lower extremities was normal, except for mild weakness of the right ankle. There was diminished sensation of the right lumbar 5 and sacral 1 dermatomes of the lower extremities. deep tendon reflexes of the bilateral lower extremities were normal, except for at the right ankle the reflex was decreased. The treatment plan included a request for chiropractic therapy. On January 28, 2015, Utilization Review non-certified a prescription for an additional 18 visits (2 times per week for 9 weeks) of chiropractic therapy for the cervical, thoracic, and lumbar spine, noting the lack of documentation of the number of prior chiropractic therapy sessions, and the lack of evidence of a quantitative decrease

in pain or objective functional improvement with those sessions. In addition, the number of sessions requested exceeds the amount recommended by the guidelines, and there were no exceptional factors noted to support exceeding the guidelines. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Treatment 2x9 (2 times per week x 9 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections/MTUS Definitions

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low back Chapters for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." In this case the 18 requested sessions far exceed The MTUS recommended number. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic care records are not present in the materials provided for review. I find that the 18 chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.