

<b>Case Number:</b>	CM15-0023628		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/23/1990
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 an 87 year old female (██████████), who sustained a work related injury April 23, 1990. Past medical history included hyperlipidemia and diabetes mellitus. According to a treating physician's progress report dated December 29, 2014, the injured worker presented with complaints of back pain radiating into both lower extremities rated 8-9/10. She is using a wheeled walker and has a slow and careful gait. There are spasms in the paraspinal muscles of the lower lumbar spine with tenderness in the lumbar spinous processes. Flexion, extension, lateral bending and rotation are decreased by 50 % with stiffness and discomfort and decreased sensation in the left lower extremity. Diagnoses are documented as worse neck sprain/strain; worse lumbar spine sprain/strain and worse chronic pain syndrome. She continues to perform home exercise stretches. Treatment plan included request for 8 sessions of chiropractic treatment. She has had a total of 6 sessions in 2014, ending in June. According to utilization review dated January 8, 2015, the request for Outpatient Chiropractic Treatment (8) sessions (body part not indicated) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of chiropractic, body part not indicated:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA  
Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and  
Envir.

**Decision rationale:** The patient past medical history of treatment includes medical management with cervical and lumbar spinal surgery and right shoulder surgery. The 5/20/14 request for additional Chiropractic care 10 sessions was modified to reflect treatment guideline recommendations of 6 sessions for management of a reported flare of lumbar spine pain. The patient was then seen by her primary physician on 1/6/15 with a request for additional treatment, 8 additional Chiropractic visits, again for management of the lower back. Aside from diminished lower extremity dermatomes, no objective clinical signs of functional improvement was reported. The 1/8/15 UR determination to deny additional Chiropractic care based on CA MTUS Chronic Treatment Guidelines was an appropriated determination based on a lack of documented functional improvement following the prior course of Chiropractic care.