

<b>Case Number:</b>	CM15-0023932		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/20/2015
<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 a 27 year old male, who sustained an industrial injury on 7/3/14. He has reported back and neck injuries in a motor vehicle accident. The diagnoses have included strain upper back and strain of neck. Treatment to date has included medications, diagnostics and physical therapy, which were beneficial. Currently, the injured worker complains of low back and neck pain, which remains unchanged. The pain is rated 6-7/10 on the pain scale. He recently tried running but had pain in upper extremity flexion. Physical exam revealed cervical and lumbar spine myospasm. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 11/24/14 revealed normal Magnetic Resonance Imaging (MRI) of thoracic and cervical spine. The injured worker has had physical therapy with some benefit. The sessions were noted. The injured worker has not had chiropractic sessions. Request was for Twelve (12) Chiropractic visits for lumbar and cervical. Work status was modified with restrictions and Temporary total disability until 1/7/15. On 1/20/15 Utilization Review modified a request for Twelve (12) Chiropractic visits for lumbar and cervical modified to six visits Chiropractic care for lumbar and cervical over 3-4 weeks, noting that a trial of chiropractic is medically reasonable. Six visits over 3-4 weeks are recommended for approval. Any further treatment must be based on documentation of functional improvement with activities of daily living (ADL's) and work activity. Per a PR-2 dated 1/27/2015, the claimant complains of neck and low back pain with unchanged physical exam. He is not working.

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

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

**Twelve (12) Chiropractic visits for lumbar and cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. However, the claimant did already have a trial of treatments approved. There is no documentation of functional improvement from the authorized chiropractic trial. Therefore, further chiropractic visits are not medically necessary.