

<b>Case Number:</b>	CM15-0025863		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 31 year old male injured worker suffered an industrial injury on 9/12/2014. The diagnoses were cervical strain/sprain, cervical radiculopathy, lumbar sprain, and lumbosacral/thoracic radiculitis. The diagnostic studies were lumbosacral x-rays and lumbar magnetic resonance imaging. The treatments were chiropractic therapy, medications and physical therapy. The treating provider reported neck pain, low back pain and bilateral knee pain. The exam findings were difficult to read. It appears that pain has increased. The requested treatments were twelve chiropractic sessions. The claimant has had at least 14 chiropractic visits 12/4/15- 1/27/15. Per a Pr-2 dated 1/8/2015, the claimant has neck pain, low back pain, and bilateral knee pain. He has decrease of cervical spine pain, increase of range of motion, decrease of low back pain, positive kemp's, decreased knee pain and positive valgus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve chiropractic sessions:** 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), Chiropractic Treatment for Neck or Low Back Pain.

**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. It is unclear whether the claimant had already exceeded the 24 visit maximum, but a request of 12 additional visits would put the claimant over that maximum. In addition, the claimant has already had 14 chiropractic treatments recently with with no documentation of objective functional improvement. Therefore twelve further chiropractic visits are not medically necessary.