

<b>Case Number:</b>	CM15-0216369		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 59 year old female with an industrial injury dated 04-02-2004. A review of the medical records indicates that the injured worker is undergoing treatment for spinal enthesopathy, knee bursitis, cervical ligament laxity, thoracic enthesopathy, shoulder bursitis and lumbar neuritis. According to the progress note dated 09-25-2015, the injured worker reported neck pain, upper back pain, low back pain, bilateral shoulder pain, bilateral upper arm, elbow and forearm pain, bilateral wrist pain, bilateral hand pain with numbness and tingling, bilateral hip pain, left upper leg pain, bilateral knee pain, left lower leg pain with numbness and tingling, bilateral ankle pain, bilateral foot pain with numbness and tingling, chest pain, stomach pain and headaches. Objective findings (09-25-2015, 10-01-2015, 10-13-2015) revealed frank tenderness of cervical spine, heperthesia left C6 dermatome, severely decreased range of motion of cervical spine, lumbar spine and right shoulder. Positive cervical compression, cervical distractions, dec pain, and slow and painful ambulation were also noted on exam. Treatment has included diagnostic studies, prescribed medications, at least 6 sessions of chiropractic treatment, and periodic follow up visits. The utilization review dated 10-16-2015, non-certified the request for additional chiropractic 3 times per week for 4 weeks cervical, lumbar, shoulder, knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times per week for 4 weeks cervical, lumbar, shoulder, knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Shoulder, Knee/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her industrial injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date (since 2004) is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but does not recommend manipulation for the shoulder and knee. The ODG Low Back Chapter recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG recommends 9 sessions of manipulation for the shoulder over 8 weeks. The ODG does not recommend manipulation for the knee. The ODG recommends up to 18 sessions of manipulation for the cervical spine with objective functional improvement. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12 additional sessions requested far exceed The MTUS and ODG recommendations. I find that the 12 additional chiropractic sessions requested to the cervical spine, lumbar spine, shoulder and knee not medically necessary and appropriate.