

<b>Case Number:</b>	CM15-0030555		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2008. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for eight sessions of chiropractic manipulative therapy. The claims administrator did note that causation and compensability for some of the applicants various allegations had been administratively challenged by the claims administrator. A December 29, 2014 RFA form was referenced in the determination. The claims administrator did seemingly base its decision, in part, on non-MTUS ODG Guidelines. In an applicant questionnaire dated December 29, 2014, the applicant acknowledged that she was not working. The applicant was using Neurontin five to six times daily and Flexeril for pain relief, it was suggested. 7-8/10 pain complaints were noted. In an associated progress note of the same date, December 29, 2014, the applicant reported persistent complaints of neck pain. The applicant had received 17 previous sessions of chiropractic manipulative therapy, with only minimal relief. One section of the progress noted that the applicant was using Norco, while another section of the progress note noted that the applicant was no longer using Norco. The applicant was obese, with a BMI of 33.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rehabilitative Chiropractic Therapy 2x4 (To Begin 4 months Postop): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** No, the request for an additional eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrates treatment success by achieving and/or maintaining successful return to work status. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of 17 prior sessions of chiropractic treatment. The applicant was still dependent on a variety of medications, including Neurontin, Flexeril, Norco, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of 17 prior sessions of chiropractic manipulative therapy. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any applicable treatment guidelines found within the MTUS. Since pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines address the applicant's need for chiropractic manipulative therapy here, they were therefore invoked.