

<b>Case Number:</b>	CM15-0033165		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	04/13/1993
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 69 year old male, who sustained a work related injury on 4/13/93. The diagnoses have included cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus and kyphosis. Treatments to date have included oral medications, previous chiropractic treatments and activity modification. In the PR-2 dated 2/6/15, the injured worker complains of thoracic spine and lumbar spine pain. He has tenderness to thoracic and lumbar musculature with spasm and tightness. He has received some benefit with previous chiropractic therapy. The claimant remains off work. Six visits of chiropractic were authorized on 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic manipulation visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**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. The claimant has had chiropractic treatment with subjective improvement. However, the provider fails to document any objective functional improvement associated with chiropractic treatment. Therefore further chiropractic visits are not medically necessary.