

<b>Case Number:</b>	CM15-0046032		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/20/1991
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 injured worker is a 58 year old male, who sustained an industrial injury on 02/20/1991. The injured worker is currently diagnosed as having sciatic neuritis due to displacement of disc, lumbosacral sprain/strain with radicular neuralgia, and cervical myofasciitis/cervical sprain/strain. Treatment to date has included chiropractic treatment. In a progress note dated 05/09/2014, the injured worker presented with complaints of exacerbated lumbosacral spine industrial injury. The treating physician reported recommending chiropractic spinal manipulations as needed to control exacerbation signs and symptoms as it arises. The provider has submitted a letter detailing lapses on the end of the workers compensation carrier on providing peer to peer review, answering communications, and providing certification or denial. The provider is also requesting treatment based on future medical stipulation and awards. Two sessions of chiropractic were certified on 2/2/2015. Per a progress noted dated 1/26/15, the claimant had a 5% increase of range of motion between 1/16/15 and 1/26/15. The claimant is not as acute. Per a PR-2 dated 2/9/15, the claimant had a further increase of range of motion by 18%. Per a Pr-2 dated 2/16/15, the claimant has improved to 82% which is a total of 32%. Pain has dropped from 9/10 to 4/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic).

**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 likely already exceeded the 24 visit maximum prior to this visit. Although the provider states that the claimant has a future medical award, independent medical review unfortunately does not base determinations on future medical. Although the claimant did have a significant improvement range of movement over the course of treatments, guidelines dictate that only 1-2 visits are recommended every 4-6 months for flare-ups. Therefore eight chiropractic visits are not medically necessary according to evidenced based guidelines.