

<b>Case Number:</b>	CM15-0048825		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 52-year-old male with an industrial injury dated August 21, 2012. The injured worker diagnoses include blunt head trauma with loss of consciousness and ongoing headaches and post-concussion syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, history of left sided rib fractures and history of electrocution. He has been treated with diagnostic studies, 6 chiropractic treatments, prescribed medications and periodic follow up visits. According to the progress note dated 1/29/2015, the injured worker presented for reevaluation of his cervical spine, lumbar spine and left hand pain. Lumbar spine exam revealed tenderness over the midline and paraspinals, asymmetric loss of range of motion, hypertonic paraspinals, positive straight leg raise test, and numbness in the bilateral L5 nerve distributions. The treating physician prescribed additional chiropractic sessions for the lumbar spine. The UR determination of 3/4/15 denied additional Chiropractic care citing CA MTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 (2 x 6 weeks) chiropractic sessions L/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The patients past medical history of treatment include prior Chiropractic care, 12 sessions to manage the patient chronic cervical and lumbar spine sprains. The request for additional care, 2x6 or 12 additional Chiropractic visits was accompanied by a request for additional medications for pain and compound cream. The UR determination of 3/4/15 was reasonable for denial of further Chiropractic utilization citing CAMUS Chronic Treatment Guidelines. The reviewed records failed to establish medical necessity for additional Chiropractic care by addressing the prior 12 sessions of Chiropractic care as demonstrating objective clinical evidence of functional improvement as required by the CA MTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.