

<b>Case Number:</b>	CM15-0049384		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<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: 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 55 year old female, who sustained a work related injury on 10/8/10. She slipped and fell injuring her face, right ankle, right foot, right knee, lower back, neck and shoulder area. The diagnoses have included post lumbar spine surgery (1991), status post right ankle surgery (2012), lumbar radiculopathy and cervical sprain/strain with cervical radiculopathy. Treatments have included MRI right ankle, cortisone injections to right ankle, casting of right foot and ankle, right ankle surgery on 7/20/11, EMG/NCS of lower extremities, medications, chiropractic treatments and physical therapy. In the Maximum Medical Improvement Evaluation dated 1/29/13, the injured worker complains of constant lower back pain, low back pain that radiates to right leg, right ankle pain, swelling of right ankle, right knee pain, neck pain, neck pain that radiates to right shoulder and clicking and weakness of right shoulder. She has tenderness to palpation of neck, cervical spine, right shoulder, lumbosacral area, lumbar paraspinal musculature with spasm and has limited range of motion in the lumbar area. The treatment plan for this evaluation is future medical care of physical therapy for flare-ups. It is in the PR-2 dated 2/24/15, that the injured worker is a 55 year old female, who sustained a work related injury on 10/8/10. She slipped and fell injuring her face, right ankle, right foot, right knee, lower back, neck and shoulder area. The diagnoses have included post lumbar spine surgery, status post right ankle surgery, lumbar radiculopathy and cervical sprain/strain with cervical radiculopathy. Treatments have included MRI right ankle, cortisone injections to right ankle, casting of right foot and ankle, right ankle surgery on 7/20/11, EMG/NCS of lower extremities, medications, chiropractic treatments and physical therapy. In

the Maximum Medical Improvement Evaluation dated 1/29/13, the injured worker complains of constant lower back pain, low back pain that radiates to right leg, right ankle pain, swelling of right ankle, right knee pain, neck pain, neck pain that radiates to right shoulder and clicking and weakness of right shoulder. She has tenderness to palpation of neck, cervical spine, right shoulder, lumbosacral area, lumbar paraspinal musculature with spasm and has limited range of motion in the lumbar area. The treatment plan for this evaluation is future medical care of physical therapy for flare-ups. The PTP is requesting 6 additional sessions of chiropractic care to the lumbar spine. The UR department has modified the request and approved 4 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Flare Up Treatment with Chiropractor: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." The PTP describes subjective and objective findings in his P & S report but additional reports from past care are not provided so that the efficacy of treatment could be determined per The MTUS Guidelines. The limited report provided by the treating chiropractor does not show objective functional improvements with ongoing past chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.