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| <b>Case Number:</b>   | CM15-0053183 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 06/04/2013 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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 47 year old male, who sustained an industrial injury on 06/04/2013. He has reported injury to the head, shoulder, wrist, and low back. The diagnoses have included mid back and low back pain; status post right skull fracture; and status post right clavicle fracture non-union, with bone stimulator. Treatment to date has included medications, diagnostics, physical therapy, chiropractic therapy, and surgical intervention. A progress note from the treating physician, dated 01/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain with a pins and needles sensation; radiation of tingling to the left lower extremity extending down to the toes; problems with short-term memory loss; medications help to reduce his pain; and chiropractic and physical therapy has helped with pain relief. Objective findings included tenderness to palpation of the bilateral thoracic and lumbar paraspinal muscles and midline with decreased range of motion in every plane; and straight-leg-raise is positive on the right. The treatment plan has included the request for chiropractic physiotherapy 2 times a week for 4 weeks for the thoracic spine. The UR department has modified the request and authorized 4 sessions of chiropractic care to the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Physiotherapy 2 Times A Week for 4 Weeks for The Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper 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 some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The carrier has already modified the request for 8 sessions of chiropractic care and approved 4 sessions of chiropractic care given the absence of documentation of objective functional improvement by the treating physician. The treating chiropractor's records are absent from the materials provided for review. I find that the 8 additional chiropractic sessions requested to the thoracic spine to not be medically necessary and appropriate.