

<b>Case Number:</b>	CM15-0059558		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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:

This 62 year old female sustained an industrial injury on 5/16/08. She subsequently reported multiple areas of injury after a motor vehicle accident. Diagnostic testing has included MRIs. Diagnoses include degenerative disc disease, lumbar spinal stenosis, radiculopathy and bilateral knee sprain. Treatments to date have included surgery, physical therapy, chiropractic care, injections and prescription pain medications. The injured worker continues to experience low back and bilateral knee pain. A request for 8 Chiropractic therapy visits to the cervical spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic therapy visits to the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009; 9294.2; pages 58/59: Manual therapy and manipulation.

**Decision rationale:** The 2/25/15 UR determination denied additional Chiropractic care 8 visits to the cervical spine supported by CAMTUS Chronic Treatment Guidelines. Treatment Guidelines require the documentation of functional improvement at the time of the treatment request, findings that were not included in the 3/13/15 PR-2/RFA. The patient has received prior Chiropractic care with no clinical evidence provided at the time of this request that any prior functional improvement was ever documented. The reviewed records did not provide evidence of medical necessity by documenting objective evidence of improvement with comparative objective clinical findings, improved ADL's, lessening medication or RTW status. CAMTUS Chronic Treatment Guidelines were not satisfied supporting additional care as requested. Therefore, the request is not medically necessary.