

<b>Case Number:</b>	CM15-0080803		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 46-year-old female, who sustained an industrial injury on September 7, 1999. The injured worker was diagnosed as having cervical and lumbar pain, lumbosacral pain and left sacroiliac joint pain. Treatment and diagnostic studies to date have included chiropractic. A progress note dated April 17, 2015 and April 9, 2015 provides only the diagnoses and treatment plan. The most current report with subjective complaints and objective findings is dated March 23, 2015. It provides the injured worker complains of neck and back pain that radiates down left leg. He rates the pain 7/10. Physical notes decreased range of motion (ROM) of the neck and back. Progress is listed as guarded. The plan includes additional chiropractic 3 X 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times a week for 2 weeks for the cervical spine and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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

**Decision rationale:** The UR determination of 4/23/15 denied the request for additional Chiropractic care to the patient s cervical/lumbar spines citing CA MTUS Chronic Treatment Guidelines. The reviewed medical records of prior Chiropractic application along with the most recent reports of 4/7 and 4/19/15 failed to establish by clinical assessment and documented clinical evidence of medical necessity for additional care. CA MTUS Chronic Treatment Guidelines support additional care when objective evidence of functional improvement is documented following a prior course of care; none was provided. The medical necessity for additional care, 6 visits of manipulation was not supported by reviewed documentation or supported by CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.