

<b>Case Number:</b>	CM15-0083241		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/01/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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:

The injured worker is a 72 year old male, who sustained an industrial injury on 2/01/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having non-allopathic lesions of the thoracic/lumbar/sacral regions, not elsewhere classified, lumbosacral plexus lesions, sciatica, thoracic/lumbosacral spondylosis without myelopathy, and displacement of cervical/lumbar intervertebral disc without myelopathy. Treatment to date has included conservative measures, including diagnostics, medications, and chiropractic treatments. Magnetic resonance imaging of the lumbar spine (12/10/2014) was submitted, and was indicated due to intermittent right buttock pain. A progress note, dated 10/01/2014, noted complaints of pain in the bilateral neck, bilateral low back, and left hip, rated 3/10. Medication use was not described. Currently (most recent progress report 1/19/2015), the injured worker complains of pain in his bilateral neck, bilateral low back, and bilateral shoulders, rated 3/10. His prognosis was fair and assessment appeared unchanged from previous visits. Medication use was not described. Work status was not noted. A rationale for the requested chiropractic at 2 treatments per month until condition resolved was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro Session 2 treatments per month until condition is resolved: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2 chiropractic sessions until condition is resolved for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2 Chiropractic visits until condition resolved are not medically necessary.