

<b>Case Number:</b>	CM15-0085495		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 53 year old female injured worker suffered an industrial injury on 08/05/2008. The diagnoses included cervical disc displacement, lumbar strain, and cervicgia, internal derangement of the knee and rotator cuff syndrome of the shoulder. The injured worker has been treated with medications, physical therapy, acupuncture and chiropractic. On 4/6/2015 the treating provider reported more pain on both hands, the neck, low back pain and left buttock pain with continued to have pain in her right upper back, neck radiating to the right arm and hand. Also there was pain in the right elbow with numbness and tingling in both hands and feet. On exam the cervical spine had restricted range of motion with tenderness to the cervical muscles. The lumbar spine had positive trigger points and tenderness. The treatment plan included Chiropractic therapy, 10 additional sessions to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic adjustments and therapy twice a week for five weeks for upper and lower spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, 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 & Upper Back and Low Back Chapter, Manipulation Sections/MTUS Definitions Page 1.

**Decision rationale:** The patient has received chiropractic care in the past for her injuries, per the records provided. The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The past chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back and Low Back Chapters recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. 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 ODG Neck & Upper Back and Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. The number of sessions being requested far exceed The MTUS recommended number. I find that the 10 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.