

<b>Case Number:</b>	CM15-0230512		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 60 year old female who sustained an industrial injury on 12-08-2009. Treatment to date has included chiropractic physiotherapy. According to a comprehensive orthopedic evaluation dated 10-19-2015, the injured worker reported overall pain was rated 2 out of 10 in severity. She reported increased aggravation of her left shoulder condition which she felt was a result of an increased level of activity with this extremity as she was ailing from a right shoulder injury concurrently. Diagnoses included lumbar central canal stenosis, lumbar radiculopathy, multilevel degenerative disc disease cervical spine and chronic low back pain. Follow up was indicated in 3 months. Work status included restrictions of no repetitive bending or stooping; no excessive use of the left hand or arm; no lifting or working with arms above shoulder level with the bilateral upper extremities. Authorization was being requested for additional sessions of chiropractic physiotherapy as recommended by her previous primary care provider who was providing therapy to the left shoulder and spine. Total sessions being requested included 6 sessions. On 11-13-2015, Utilization Review non-certified the request for chiropractic, cervical and lumbar spine 3 times weekly for 4 weeks 12 additional sessions and Chiropractic, left hip and left knee 3 times weekly for 4 weeks 12 sessions. Physiotherapy for the cervical and lumbar spine, left and left knee and manipulation of the cervical and lumbar spine, left hip and left knee were not listed on the IMR application.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, cervical and lumbar spine, 3 times weekly for 4 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her cervical and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back and neck & Upper Back Chapters recommends up to 18 sessions with evidence of objective functional improvement, if RTW is achieved. The ODG Low Back Chapter recommends 1-2 additional sessions over 4-6 weeks per flare-up. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 12 additional sessions requested far exceeds The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.

**Chiropractic, left hip and left knee, 3 times weekly for 4 weeks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Knee/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her hip and shoulder injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not

specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation for the knee. The ODG Hip Chapter recommends 9 sessions of chiropractic care sessions over 8 weeks. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the left knee and hip to not be medically necessary and appropriate.