

<b>Case Number:</b>	CM15-0234636		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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 70 year old male, who sustained an industrial injury on 4-30-2001. A review of the medical records indicates that the injured worker is undergoing treatment for cervicocranial syndrome, cervical-thoracic myofibrositis-myofascitis, cervical sprain-strain, and lumbosacral intervertebral disc syndrome. On 7-20-2015, the injured worker reported frequent severe headache, vertigo, and nausea, frequent moderate severe cervical pain, frequent moderate severe sacrum pain, frequent moderate left gluteal pain, frequent moderate left leg pain to the foot, frequent moderate left lumbar pain with tingling down the left arm and weakness of the left foot with foot drop. The Treating Provider's report dated 7-20-2015, noted the physical examination showed muscle spasm of the left and right upper trapezius and right quadrates lumborum, with cervical range of motion (ROM) with pain and lumbar range of motion (ROM) with pain. The Physician noted a 2-3mm paramedian disc protrusion at C5-C6 causing indentation on the left side of the anterior spinal cord and narrowing of the left side of the spinal canal and mild kyphosis at C5-C6 per MRI. Prior treatments have included chiropractic treatments since at least 1-14-2014. The treatment plan was noted to include six chiropractic treatments for flare-up requested. The request for authorization was noted to have requested chiropractic spinal manipulation for 6 sessions to the cervical spine. The Utilization Review (UR) dated 11-23-2015, non-certified the request for chiropractic spinal manipulation for 6 sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic spinal manipulation, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck and Upper Back (Acute & Chronic) - 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/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his cervical spine injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. The past chiropractic treatment notes are present in the materials provided. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. 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 past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The pain levels are not documented. Range of motion findings are documented to be identical in each successive report. The number of chiropractic sessions to date are not specified. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.