

<b>Case Number:</b>	CM14-0160686		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/05/1988
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is a licensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male who sustained injuries to his neck and lower back on 1/05/1988. The mechanism of injury is not available in the records provided for review. Current complaints as reported by the PTP (primary treating provider) are stated as follows: "The patient related sleeping on couch about a week ago. He related neck and upper back tension. Also he related an altered gait due to gardening. The patient reported indications of moderately severe constant neck pain." The PTP continues to state that the patient "also reported indications of moderately severe constant low back pain." The patient has been treated with medications and chiropractic care. Other methods of treatment were not found in the records provided. There are no records of imaging or any other diagnostic reports in the materials provided for review. Diagnoses assigned by the PTP are lumbar disc protrusion as related by patient, lumbago and cervicalgia. The PTP is requesting 6 retrospective sessions of chiropractic care to the cervical and lumbar spine (4/4/14 to 7/3/4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for chiropractic 6 sessions lumbar/cervical (DOS 4/4/14-7/3/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Low Back Chapters, Manipulation Sections Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

**Decision rationale:** The patient has completed 6 chiropractic care sessions as reported in the records by the PTP from 4/4/4 to 7/3/14. It is unknown if any other chiropractic care has been rendered to this patient since 1988; however, the records from the recent treatment is present in the materials provided for review. Upon review of the PR-2 reports included in the records it is evident that objective functional improvement with the ongoing chiropractic care rendered is not present. There are no measurable gains recorded with the examinations provided on the PR-2 reports. MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. 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 MTUS ODG Neck and Low Back Chapters recommend 1-2 sessions of chiropractic care for flare-ups with evidence of objective functional improvement. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions, I find that the request for 6 retrospective chiropractic session to the neck and low back to not be medically necessary and appropriate.