

<b>Case Number:</b>	CM14-0167985		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/10/1995
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Board Certified in Family Medicine 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 injured worker is a 64 year old male who was injured on 10/10/95 by unknown mechanism of injury. There is no documentation as to the reason for the flare-up of this patient's condition at this point in time. The documented treatment in 2005 was soft tissue massage, ultrasound, chiropractic manipulation, and stretching. There is no documentation of the amount of care received to date and no objective measurable gains in functional improvement have been given for past care. The diagnosis in 2005 according to the records was Cervical strain, Cervical neuritis, Thoracic myofascitis, and suprascapular myofascitis. In 2014 the diagnosis are Lumbar radiculitis and lumbar IVD syndrome. There are no Diagnostic studies available for review to include x-rays, MRI's and EMG/NCV studies. The doctor is requesting 6 chiropractic sessions (exam, CMT L-1 regions 5 sessions, lumbar traction 5 sessions, deep tissue trapezius 5 sessions, and therapeutic exercises 3-5 sessions) for unknown period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 6 sessions (exam, CMT L-1- regions 5 sessions, lumbar traction 5 sessions, deep tissue trapezius 5 sessions, therapeutic excercises 3-5 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections

**Decision rationale:** According to the MTUS Chronic Pain Guidelines the records need to reflect objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program. The records do not indicate these objective measures as well as the amount of previous care and how the patient responded to this care using objective measurable gains. The 6 sessions of chiropractic care need to have a time frame of 2 weeks according to the guidelines above. Therefore the treatment is not medically necessary.