

<b>Case Number:</b>	CM13-0038443		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 male, who sustained an industrial injury on 4/16/12. He has reported pain in the neck, shoulders and back. The diagnoses have included lumbar radiculopathy and cervical myofascial pain. Treatment to date has included oral medications. As of the PR2 dated 9/3/13, the treating physician reports tenderness in the posterior cervical and bilateral trapezial muscles. The treating physician requested chiropractic treatments 3x week for 4 weeks for the cervical and lumbar spine. On 9/23/13 Utilization Review non-certified a request for chiropractic treatments 3x week for 4 weeks for the cervical and lumbar spine. The utilization review physician cited the MTUS guidelines. On 10/23/13, the injured worker submitted an application for IMR for review of chiropractic treatments 3x week for 4 weeks for 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 TREATMENT TO THE CERVICAL AND LUMBAR SPINE, 3 X PER WEEK X 4 WEEKS FOR A TOTAL OF 12 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**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 Section/MTUS Definitions Page 1.

**Decision rationale:** It is not clear from the records submitted for review if the patient has received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The same sections recommend an initial trial of 6 sessions of chiropractic care. 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 PTP describes some Improvements with treatment but no objective measurements are listed. Chiropractic treatment is not mentioned in the records. If chiropractic care has been rendered the records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. If chiropractic care has never been rendered, the requested 12 sessions far exceeds the 6 recommended sessions as an initial trial run of care. With both instances having been considered, I find that the 12 chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.