

<b>Case Number:</b>	CM14-0215468		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/24/1996
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Chiropractor

### 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 claimant is a 56-year-old female who was involved in a work injury on 10/24/1996 in which she injured her back. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant has since treated on a periodic basis with chiropractic treatment. On 6/2/2014 the claimant was reevaluated the doctor for complaints of continued pain into the cervical, thoracic and lumbar spine related to her injury on 10/24/1986. The patient has ongoing findings that have never resolved regarding the low back and neck and the frequency of care at our office has not altered based on the new injuries. She is still seeing us at a frequency she was prior to her new injury. At the time of this evaluation the claimant complained of having difficulty in the neck and low-back with moderate pain that comes and goes and has a mild flare up. There is evidence of functional deficits and that the claimant has trouble standing, sitting and laying down and feels that she must get up and move around to relieve her pain. The recommendation was for 3 chiropractic treatments. On 7/28/2014 the claimant was reevaluated by the doctor for increase lower back pain which radiates as an ache into the hips. Due to this increase pain and discomfort the patient is having difficulty when sitting, especially for periods of time. An examination was performed and a request for 3 chiropractic treatments submitted. On 8/4/2014 the provider was authorized 1 treatment for date of service 7/28/2014 by peer review with [REDACTED]. On 8/27/2014 the claimant returned to the provider s office complaining of an increase in pain in the last few days and weeks. The recommendation was for 3 chiropractic treatments consisting of spinal manipulation, myofascial therapy, electrical stimulation and heat therapy. The requested 3 treatments were noncertified.

The peer review report dated 9/17/2014 indicated that the provider submitted documentation indicating that in 2014 through 9/15/2014 the claimant received 13 treatments and that the claimant's pain complaints decreased by 40% but only last 3-4 days. On 9/19/2014 the provider submitted an appeal letter in which he opined that he did not agree with the decision for denial. On 9/30/2014 an appeal peer review was performed that resulted in noncertification of the requested 3 treatments. The rationale was that the claimant had received 19 treatments of the last 12 months and that treatment only helps some with pain relief and 40% of functional improvement. On 10/29/2014 [REDACTED] submitted a letter in which he outlined the past treatment history. He indicated that because of the recent discovery that the claimant has moderate activity of rheumatoid arthritis that additional treatment would be appropriate including the evaluation on 10/29/2014 and 4 visits to a physical therapist for exercise training because exercise has been shown to be helpful in cases like this. On 11/11/2014 the claimant received authorization for 4 physical therapy treatments beginning 10/29/2014. On 11/25/2014 a peer review by the same reviewer from the 8/4/2014 peer review, [REDACTED] addressed a request for 7 sessions of chiropractic treatment beginning with 4 treatments from 7/28/2014 through 10/29/2014 in addition to 3 prospective treatments. Despite approving the 7/28/2014 treatment request on her 8/4/2014 peer review, she recommended noncertification of all treatments beginning 7/28/2014. The purpose of this review is to determine the medical necessity for 7 treatments beginning with 4 retrospective treatments from 7/28/2014 through 10/29/2014 and 3 prospective treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **7 Chiropractic sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58 Page(s): 58.

**Decision rationale:** The medical necessity for the requested 7 chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." A review of the treatment history reveals that the claimant presents to the provider's office complaining of an exacerbation of her chronic complaints. The claimant receives one treatment that provides 40% functional improvement and allows the claimant to be discharged from care until she has an exacerbation. Given the fact the claimant has noted functional improvement as a result of the treatment, the requested treatment can be considered appropriate. The 4 retrospective treatments were appropriate. The requested 3 prospective treatments to address the claimant's complaints on 10/29/2014 are appropriate. The claimant was also authorized 4 sessions of active physical therapy. The chiropractic treatment in conjunction with the physical therapy is appropriate. Therefore, I recommend certification of the 7 retrospective treatments.

