

<b>Case Number:</b>	CM14-0218525		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/15/2003
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, Oriental Medicine

### 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 sustained a work related injury on September 15, 2003. The exact mechanism of the work related injury was not included in the documentation provided. The Primary Treating Physician's visit dated November 5, 2014, noted the injured worker with complaints of constant slight to moderate severe low back pain, frequent minimal to moderate left leg pain, and constant minimal to moderate right leg pain. The injured worker reported a moderate to severe insidious flare-up of the low back pain, with treatments helping to decrease the pain and helping to return to baseline activities of daily living, with minimal loss of work time. Physical examination was noted to show lumbar range of motion of flexion four inches above knee level and extension 10/25 both with severe low back pain, right lateral flexion and right rotation decreased approximately 25% with moderate low back pain, mild lumbar muscle spasms and a positive kemp's with moderate low back pain. The diagnoses were listed as lumbosacral sprain/strain, and sacroiliac ligament sprain/strain. The Physician requested retrospective authorization for one chiropractic treatment to include manipulation, EMS, intersegmental traction, and evaluation management on November 5, 2014. The claimant underwent chiropractic treatment on 1/10/2014, 2/24/2014, 5/12/2014, 6/10/2014, 7/22/2014, and 11/5/2014 and extensive chiropractic treatment prior to 2014. On December 18, 2014, Utilization Review evaluated the request for retrospective authorization for one chiropractic treatment to include manipulation, EMS, intersegmental traction, and evaluation management on November 5, 2014, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that records did not clearly establish that the injured worker had a history of

clinically significant improvements in activities of daily living, or a quantifiable reduction in work restrictions attributable to chiropractic visits measured during the history and physical examination. The UR Physician noted there were no clear reductions in the dependency on continued medical treatments with chiropractic care, no decreased frequency of chiropractic care, and was continuing to receive medications with no clear indication of reduction following chiropractic care. The UR Physician noted that based on the information, the injured worker was not a candidate for the chiropractic visit on November 5, 2014, therefore, the request for retrospective authorization for one chiropractic treatment to include manipulation, EMS, intersegmental traction, and evaluation management on November 5, 2014, was non-certified. The decision was subsequently appealed to Independent Medical Review.

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

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

**One Chiropractic treatment to include Manipulation, EMS, Intersegmental traction, and Evaluation Management:** 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 Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have extensive chiropractic treatment with no documentation of objective functional improvement. Also, the claimant has already had five chiropractic visits prior to 11/5/2014 in the 2014 with the last visit less than four months ago. This exceeds the recommended 1-2 visits every 4-6 months. Therefore the visit on 11/5/2014 is not medically necessary.