

<b>Case Number:</b>	CM15-0105103		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/22/1989
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Emergency 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:

This is a 69 year old female with a March 22, 1989 date of injury. A progress note dated May 18, 2015 documents subjective findings (chronic lower back pain; neck pain; left hip pain; left leg pain; increasing spasms in the neck region), and current diagnoses (chronic lower back pain due to degenerative lumbar spondylosis and myofascial pain syndrome; chronic neck pain due to degenerative cervical spondylosis; pain disorder with psychological/general medical condition; persistent insomnia due to chronic pain). Objective findings were not documented in the medical record submitted for review. Treatments to date have included medications, chiropractic (great benefit), and home exercise. The treating physician documented a plan of care that included chiropractic treatment and in-home supportive services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The requested Chiropractic treatment x12, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has subjective findings (chronic lower back pain; neck pain; left hip pain; left leg pain; increasing spasms in the neck region), and current diagnoses (chronic lower back pain due to degenerative lumbar spondylosis and myofascial pain syndrome; chronic neck pain due to degenerative cervical spondylosis; pain disorder with psychological/general medical condition; persistent insomnia due to chronic pain). The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met. Chiropractic treatment x12 is not medically necessary.

**In-home Supportive Services x15 hours per week (3 hours per day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Exercise.

**Decision rationale:** The requested In-home Supportive Services x15 hours per week (3 hours per day), is not medically necessary. CA MTUS 2009 Chronic Pain Treatment, Exercise, Pages 46-47 and Official Disability Guidelines, Low Back, Exercise, strongly recommend exercise as an integral part of a rehabilitation program; however, the guidelines do not specifically address exercise supplies. ODG Guidelines note that no evidence supports stretching as effective treatment for acute low back problems, but it may be used as part of an exercise program, and it may aid in prevention. The injured worker has subjective findings (chronic lower back pain; neck pain; left hip pain; left leg pain; increasing spasms in the neck region), and current diagnoses (chronic lower back pain due to degenerative lumbar spondylosis and myofascial pain syndrome; chronic neck pain due to degenerative cervical spondylosis; pain disorder with psychological/general medical condition; persistent insomnia due to chronic pain). The treating physician has not documented the medical necessity for more than 2 sessions for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, In-home Supportive Services x15 hours per week (3 hours per day) is not medically necessary.