

<b>Case Number:</b>	CM15-0010734		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: 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 male patient, who sustained an industrial injury on 09/25/2014. A primary treating office visit dated 12/09/2014 reported the patient as not improved significantly. He is diagnosed with sprain/strain lumbar/thoracic spine and muscle spasm, back. Work status is denoted as expected maximum medical improvement date of 12/16/2014. Work restrictions are to include limited stooping, bending, lifting, pushing and pulling of 10 pounds. He must wear a back support and take a stretch break for 5 min after every 90 minutes of work. Documentation showed chiropractic therapy initiating on 11/11/2014 and specifically on 11/20/2014 the patient is reportedly with subjective complaint of "my back feels that if I bend too much it will break". Objective findings showed tenderness to palpation of lumbar spine and left scapular muscles tight. The patient is described as progressing towards goals. On 12/26/2014 Utilization Review non-certified a request for chiropractic treatment of 6 sessions treating the lumbar and thoracic spine, noting the CA MTUS, Chronic Pain Guidelines, Manual therapy and Manipulation was cited. The injured worker submitted an application for independent review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58. Decision based on Non-MTUS Citation Neck & Upper Back and Low Back Chapters MTUS Definitions

**Decision rationale:** In this case the injured worker has received 6 prior sessions of chiropractic care. The MTUS Chronic Pain Medical Treatment Guidelines recommend additional chiropractic care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters 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 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. The treating chiropractor has described pain decrease and muscle spasm decrease which are not objective functional improvements as defined in the MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. Range of motion and pain intensity are not documented with ongoing care. I find that the 6 additional chiropractic sessions requested to the thoracic spine and lumbar spine to not be medically necessary and appropriate.