

<b>Case Number:</b>	CM15-0112307		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/21/1983
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Ohio  
 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 57-year-old female injured worker suffered an industrial injury on 03/21/1983. The diagnoses included lumbago, lumbar/cervical and thoracic joint dysfunctions spine degeneration. The injured worker had been treated with chiropractic therapy and was previously certified for 24 visits. On 4/3/2015, the treating provider reported low back and upper back/lower neck pain and her hands were falling asleep. The numbness in the thighs was still prominent. On exam there was lumbar tenderness and tight, tender hamstring/lateral muscles. The upper thoracic spinal muscles were tight and tender. The treatment plan included Retrospective chiropractic treatments (DOS: 4/3/15, 4/8/15, 4/14/2015, 4/22/2015, 5/6/2015, 5/22/2015, 5/27/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective chiro treatments (DOS: 4.3.15): 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 4.8.15):** 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 4.14.15):** 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 4.22.15):** 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 5.6.15): 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 5.22.15): 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.

**Retrospective chiro treatments (DOS: 5.27.15): 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines notes that manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The guidelines recommend up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The injured worker has been previously authorized for 24 visits with no evidence of objective functional improvement. There is also no medical evidence to support treatment beyond the recommended guideline. Based on the lack of objective functional improvement, and the request exceeding the recommended number of treatments, the request for additional chiropractic treatment is not medically necessary.