

<b>Case Number:</b>	CM15-0121848		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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:

This injured worker is a 59 year old male, who reported an industrial injury on 7/1/2011. His diagnoses, and or impression, were noted to include: lumbar disc disease with grade II anterolisthesis; cervical disc disease with spondylosis and stenosis; thoracic sprain/strain versus thoracic disc disease; bilateral sacral radiculopathy; status-post lumbar decompression/fusion surgery (10/24/11); bilateral shoulder pain and arthropathy; left knee pain; left ankle pain and arthropathy; and possible work related cardiac and pulmonary disease, and hearing disorder. No current imaging studies were noted. His treatments were noted to include chiropractic treatments effective; physical therapy; medication management; and rest from work. The progress notes of 5/18/2015 reported an annual visit with reports that Spinal Palm had eased with physical therapy and chiropractic treatments; that the left knee and low back pain persisted and were worsening, causing left lower extremity atrophy; that chiropractic treatments were denied for the low back pain; that he was experiencing a flare-up in his neck pain, with stiffness, causing decreased range-of-motion and disturbance of sleep, which had been previously helped by chiropractic treatments; that he was currently receiving physical therapy for the left knee and low back with no change in pain level; and that his overall daily spinal pain persisted, experiencing occasional flare-up's which were alleviated with Flexeril. Objective findings were noted to include significantly decreased lumbar range-of-motion with tenderness of the lumbar para-spinal region; impaired sensation to the left leg; noted findings of the 2013 lumbar x-ray; abnormal assessment findings of the left leg, "KJ" and "AJ"; but no assessment findings of the cervical spine were noted. The physician's requests for treatments were noted to include chiropractic therapy for the cervical spine to improve range-of-motion and flexibility.

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

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

**Chiropractic visits for cervical spine qty: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Neck and upper back.

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for cervical spine which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.