

<b>Case Number:</b>	CM15-0127316		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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 is a 46 year old female who sustained an industrial /work injury on 9/7/99. She reported an initial complaint of neck, mid back, and low back pain. The injured worker was diagnosed as having lumbago and cervicgia. Treatment to date includes medication and exercises. Currently, the injured worker complained of cervical, thoracic, and low back pain rated 7/10 and described as achy. Per the primary physician's report (PR-2) on 6/12/15, exam noted positive straight leg raise; cervical maximum compressive test, Kemp's test and shoulder compression test. Current plan of care included home exercises, stretches, and chiropractic care. The requested treatments include Chiropractic 4 visits, cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 4 visits, cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, therapeutic care, neck and upper back chapter, chiropractic guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and

Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation.

**Decision rationale:** The 6/18/15 UR determination denied the request for additional Chiropractic care, 4 visits, to manage cervical and lumbar spine residuals citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to document any objective clinical findings of functional improvement following the most recent course of Chiropractic manipulation or any past medical history of functional gains with similar care. The medical necessity for continuing Chiropractic manipulation to the patients cervical and lumbar spine is not supported by the reviewed documents or the referenced CAMTUS Chronic Treatment Guidelines.