

<b>Case Number:</b>	CM15-0170256		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/03/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Montana

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 60 year old female, who sustained an industrial injury on 5-3-2015. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having lumbosacral sprain-strain, thoracic sprain-strain and cervical sprain-strain. A recent progress report dated 8-14-2015, reported the injured worker complained of pain in the hips, lower back, upper back, buttocks and neck. She stated that chiropractic care had improved pain. Physical examination revealed cervical, lumbar and hip tenderness and decreased range of motion. Lumbar magnetic resonance imaging showed some disc desiccation and lumbar 3-5 disc bulge. Treatment to date has included physical therapy and medication management. On 8-14-2015, the Request for Authorization requested additional chiropractic care manipulation, exercise rehab, neuromuscular reeducation and electrical stimulation, #12. On 8-24-2015, the Utilization Review non-certified additional chiropractic care manipulation, exercise rehab, neuromuscular reeducation, electrical stimulation, #12 due to a lack of documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic care manipulation, exercise rehab, neuromuscular re-ed, e stim**  
**Qty: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Patient has had prior chiropractic treatments. Provider requested additional 12 chiropractic manipulation, exercise rehab, neuromuscular re-education, and electrical stimulation which were modified to 6 by the utilization review. Per medical notes dated 09-15-15, patient complains of constant pain in her hips, low back, upper back, buttocks, and neck. She notes that her pain level has been significantly reduced with chiropractic care; however, clinical notes fail to document any functional improvement with chiropractic care. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 Chiropractic manipulation, exercise rehab, neuromuscular reeducation, electrical stimulation are not medically necessary.