MAXIMUS Federal Services

| Case Number: | CM15-0170905 | | |
|---|---|---|---|
| Date Assigned: | 09/11/2015 | Date of Injury: | 06/02/2014 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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:

This is a 41 year old male with a date of injury on 6-2-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis, neck pain, lumbar disc protrusion, low back pain and leg pain. Medical records (5-28-2015 to 7-31-2015) indicate ongoing back, neck and leg pain. He rated his pain at six to eight out of ten before taking his medications and four to seven out of ten after taking medications. Records also indicate difficulty with activities of daily living that involved bending over. The physical exam (5-28-2015 to 7-31-2015) reveals mild pain with cervical range of motion. Lateral bending right and left extension caused pain about L4-L5 and L5-S1 region. Interim reports (2-18-2015, 4-29-2015, 6-29-2015) document that the "clinical picture continues to progressively improve with conservative chiropractic management." The injured worker was able to return to his usual and customary work duties (6-26-2015) and was no longer on temporary partial disability. The injured worker complained of occasional, acute flare-ups affecting his low back pain. Treatment has included chiropractic treatment, physical therapy and pain medications (Norco). Per the 12-30-2014 progress report, the injured worker had a two month history of seeing a chiropractor; symptoms had not radically changed. The original Utilization Review (UR) (8-21-2015) modified a request for 100 additional visits of chiropractic care from 6-13-2014 to 7-28-2015 to 18 visits of chiropractic care to the 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 care 100 visits (from 6/13/14 to 7/28/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his cervical and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement for the lumbar spine but is silent on the cervical spine. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter recommends up to 18 sessions over 6-8 weeks. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and approved 18 additional sessions. The 100 additional sessions requested far exceed the MTUS recommendations. I find that the 100 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.