

<b>Case Number:</b>	CM15-0176188		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/22/1983
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

The injured worker is a 70 year old male, who sustained an industrial injury on 12-22-83. The injured worker was diagnosed as having chronic lumbosacral sprain or strain, sciatica, chronic sacroiliac sprain or strain, chronic cervical sprain or strain, chronic cervicgia, muscle spasm, and lumbar and cervical degenerative disc degeneration. Treatment to date has included chiropractic treatment and medication. On 7-22-15, the treating physician noted, "the patient is presently unable to perform his at home chores such as light housework, vacuuming, dish washing, and cooking. He has remained on the job, however he must self-limit his activities at work that involve bending the waist, lifting, carrying, and pushing and pulling." Currently, the injured worker complains of neck and back pain. On 7-22-15, the treating physician requested authorization for chiropractic treatment x 2 sessions for the lumbar and cervical spines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic times 2 sessions to the lumbar and cervical:** Overturned

**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 total number of chiropractic sessions is unknown and not specified in the records provided for review. The treatment records in the materials submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The ODG Low Back Chapter and MTUS recommend 1-2 additional sessions over 4-6 months. 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." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter and Low Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 2 additional chiropractic sessions requested to the cervical spine and lumbar spine to be medically necessary and appropriate.