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| <b>Case Number:</b>   | CM15-0178263 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 10/06/2011 |
| <b>Decision Date:</b> | 10/26/2015   | <b>UR Denial Date:</b>       | 08/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2015 |

### 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 45 year old male who sustained an industrial injury on 10/06/2011. Current diagnoses include lumbar disc herniation with worsening lower extremity pain, neck injury-rule out disc herniation with worsening pain, left wrist pain, and temporomandibular joint arthrosis. Report dated 07-27-2015 noted that the injured worker presented with complaints that included worsening cervical spine pain with radiation to the left upper extremity, improved lumbar spine pain with radiation to the right lower extremity, jaw, and leg. Pain level was 1-2 (cervical), 2-3 (lumbar spine), 3-4 (jaw pain), and 2-3 (left leg pain) out of 10 on a visual analog scale (VAS). The physician noted that the injured worker takes Motrin which helps to bring pain down from 6 or 7 to 2 out of 10 on VAS. Physical examination performed on 07-27-2015 revealed cervical spine tenderness. Previous treatments included medications, physical therapy, chiropractic, injections, and home exercise program. The treatment plan included continuing with current medications, and request for chiropractic treatment. The physician noted that the injured worker's current chiropractor was no longer treating worker's compensation cases. Work status was documented as return to full duty on 07-27-2015 with no restrictions. There were no chiropractic progress notes included for review, nor was the amount of completed sessions included. Request for authorization dated 08-06-2015, included requests for chiropractic treatments for the cervical and lumbar spine. The utilization review dated 08-11-2015, non-certified the request for 8 chiropractic treatments for 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:

**8 Chiropractic treatment for the cervical/lumbar spine: 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 rationale:** The August 2015 utilization review document denied the treatment request for eight chiropractic treatments to manage the patient's cervical and lumbar spine between the periods of July 27, 2015 and November 5, 2015 citing CA MTUS chronic treatment guidelines. The reviewed medical records reflect a prior course of chiropractic care, 12 visits on March 12, 2015 with no subsequent reporting that the patient subjectively improved or demonstrated objective functional gains following the application of 12 visits of chiropractic care. The reviewed medical records found no appreciable change in the patient's cervical or lumbar spine condition or evidence of functional improvement consistent with CA MT US chronic treatment guidelines that require evidence of functional improvement consideration of additional application manual therapy. The medical necessity for continuation of chiropractic care, eight visits to the cervical and lumbar spine between periods of July 27, 2015 and November 5, 2015 is not supported by the reviewed medical records or consistent with the prerequisites for consideration of additional treatment per CA MT as per the US chronic treatment guidelines and therefore is not medically necessary.