

<b>Case Number:</b>	CM15-0178425		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<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: 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 51 year old female who sustained a work related injury on 1-18-13. Medical record documentation on 8-20-15 revealed the injured worker was being treated for cervicothoracic sprain-strain with radiculitis, ulnar neuritis, lumbar sprain-strain, and C5-6 instability. She reported having panic attacks. Objective findings included guarded neck motions, strong spasm, range of motion decreased by greater than 50%, decrease left upper extremity sensation, and positive compression test. The evaluating physician noted she was in distress with increased neck pain and guarding. On 8-12-15, the injured worker was sprain-strain injections in 2-2015 and these provided great relief. Her predominate pain was in the neck region and the pain had increased greatly. Her pain was rated 8 on a 10-point scale. A request for chiropractic therapy for the cervical spine, thoracic spine and lumbar spine #6 was received on 8-20-15. On 8-25-15, the Utilization Review physician determined additional 6 sessions of chiropractic therapy for the cervical spine, thoracic spine and lumbar spine was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments for the Cervical Spine, Thoracic Spine, and Lumbar Spine QTY: 6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Chiropractic.

**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, thoracic and lumbar spine injury in the past. The total numbers of chiropractic sessions are unknown and not specified in the records provided for review. The past chiropractic treatment notes are present in the materials provided and were reviewed. 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 MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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. There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to be medically necessary and is appropriate.