

<b>Case Number:</b>	CM15-0178862		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 66 year old male, who sustained an industrial injury on 10-03-2013. The injured worker was diagnosed as having cervical discogenic pain syndrome, thoracic strain, and lumbar discogenic pain syndrome. Treatment to date has included diagnostics and chiropractic care. Currently (8-12-2015), the injured worker complains of continued complaints relative to his neck and spine. He reported "palliative benefit from the chiropractic care". Exam noted cervical range of motion "remains decreased", lumbar range of motion "remains decreased", and muscular guarding was present throughout the paracervical, parathoracic and paralumbar musculature. Cervical magnetic resonance imaging was documented as showing "multiple levels of disc herniation to include a 4.3mm protrusion at L5-S1. His work status remained total temporary disability. The total number of completed chiropractic sessions was not documented. His functional status was not described. The previous progress report (6-05-2015) also noted unrated complaints of neck pain and low back pain. Cervical and lumbar range of motion remained "decreased" and was accompanied by pain, along with muscle guarding throughout the paracervical and lumbar musculature. The treatment plan included continued additional chiropractic sessions, 2x6, for the cervical, thoracic, and lumbar spines, non-certified by Utilization Review on 9-09-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the cervical, thoracic and lumbar spine, twice a week for six weeks, 12 sessions:** 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 and Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his cervical, thoracic and lumbar spine injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. The chiropractic treatment records are present in the records and were reviewed. The treatment records in the materials submitted for review do not 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 and ODG Low Back chapter recommend 1-2 additional sessions of manipulation to the lumbar spine 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. 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 has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The number of chiropractic sessions to date are not specified and the 12 sessions requested far exceed The MTUS recommendations. I find that the 12 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.