

<b>Case Number:</b>	CM15-0179369		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<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 41 year old male, who sustained an industrial injury on 6-7-13. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical and thoracic strain-sprain and lumbar strain. Medical records dated 8-18-15 indicate the injured worker complains of thoracic pain and spasm of the right index finger. Physical exam dated 8-18-15 notes right scapula tenderness to palpation and right 2nd digit spasm. Office visit dated 7-7-15 indicates "improvement secondary to chiropractic therapy. He has completed 6 therapy visits. He reports increased range of motion (ROM) and decreased pain." The exam from 5-26-15 indicates thoracic pain as well as right hand middle and 4th finger spasm. Treatment to date has included chiropractic treatment and home exercise program (HEP). The original utilization review dated 8-25-15 indicates the request for additional chiropractic 2X3 cervical, thoracic and lumbar quantity 6 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 3 weeks cervical, thoracic and lumbar spine qty: 6.00:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 over 50 sessions of chiropractic care for his cervical, thoracic and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided 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 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 ODG Neck and Upper Back and Low Back Chapters recommends 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 requested far exceed The MTUS recommendations. I find that the 6 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.