

<b>Case Number:</b>	CM15-0027032		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 43 year old female, who sustained an industrial injury on 11/12/2009. On provider visit dated 01/08/2015 the injured worker has reported right knee pain, low back pain and cervalgia. On examination, she was noted to have a decreased range of motion of the lumbar spine. The diagnoses have included lumbago with sciatica at L5-S1, right knee pain improved and cervicgia. Treatment to date has included undergone 12 sessions of chiropractic care and medication. Treatment plan included 12 more sessions of chiropractic care. On 01/17/2015 Utilization Review non-certified 12 chiropractic manipulation sessions to the cervical and lumbar spine. The CA MTUS Chronic Pain Medical Treatment Guidelines and were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic manipulation sessions to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines- Chiropractic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections/MTUS Definitions Page 1.

**Decision rationale:** The patient has received 12 prior chiropractic care sessions for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low back Chapters for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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." It is unclear from the records provided how many total sessions of chiropractic care the patient has received since her date of injury. Additional sessions are warranted but in compliance with The MTUS recommendations. The records provided by the primary treating physician show objective functional improvements with ongoing chiropractic treatments rendered. However, the requested number of sessions far exceed the recommended number. I find that the 12 additional chiropractic sessions requested to the cervical and lumbar spine to not be medically necessary and appropriate.