

<b>Case Number:</b>	CM15-0039913		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/03/2007
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 48 year old male, who sustained an industrial injury on 3/3/2007. He has reported back, left shoulder, and a neck injury from a motor vehicle accident. The diagnoses have included cervical radiculopathy, lumbosacral radiculopathy, sacroiliitis and an ankle fracture. He is status post Open Reduction and Internal Fixation (ORIF) for tibia/fibula fracture with subsequent hardware removal from the tibia. Treatment to date has included medication therapy, physical therapy and chiropractic therapy. Currently, the Injured Worker complains of chronic neck and lower back pain associated with numbness and tingling in the right lower extremity. The physical examination from 12/17/14 documented cervical and lumbar musculature spasms and tenderness with decreased Range of Motion (ROM). Right ankle strength decreased 4/5 with tenderness over plantar fascia. The incision sites on the ankle were noted as healed. The plan of care was for chiropractic treatment, eight sessions, twice a week for four weeks to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 4 weeks to lumbar spine:** Upheld

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

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

**Decision rationale:** The patient has received prior chiropractic care for his low back injury. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care, with evidence of objective functional improvement. The ODG Low Back Chapter 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." The PTP describes some Improvements with treatment but no objective measurements are listed. The AME on the case has opined against future chiropractic care. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are absent from the materials provided for review. The requested number of sessions far exceeds the MTUS recommended number. I find that the 8 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.