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| <b>Case Number:</b>   | CM15-0042809 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 07/18/2014 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 03/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2015 |

### 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: Chiropractor, Oriental Medicine

### 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 7/18/14. The injured worker has complaints of right shoulder, neck and lower back pain. The diagnoses have included cervicgia and lumbago. The documentation on 10/3/2014 noted that he had received six chiropractic treatments that really did help him with his lower back pain and cervical pain. but her cervical pain has come back without any radicular symptoms and associated with headaches. Neck X-rays show loss of lordosis of the cervical spine and lumbar sacral X-rays was normal. MR of the cervical spine showed a diffuse osteoarthritic changes but the worst disc disease at C6-C7 and C7-C8 with a central disc protrusion. Magnetic Resonance Imaging (MRI) of the cervical spine showed a lot of arthritic changes. Per a PR-2 dated 9/4/2014, the claimant is slightly better, pain is significantly less, and his headaches are better. He has responded with chiropractic treatment with decreasing pain, increases of range of motion and ability to return to regular duty. Per a PR-2 dated 8/5/2014, the claimant is working full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 x 3 weeks for the Neck and Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. Although the provider states that prior chiropractic has benefit, the provider fails to document objective functional improvement. The timeframe of the rendered visits is unclear and it is not clear if the claimant was already working prior to the start of chiropractic treatments. Therefore, further chiropractic visits are not medically necessary.