

<b>Case Number:</b>	CM15-0069011		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 25-year-old male, with a reported date of injury of 01/15/2014. The diagnoses include lumbar sprain/strain, lumbar myospasm, chronic cervical strain/sprain, cervical disc syndrome, cervical paraspinal muscle spasms, thoracic strain/sprain, and cervical pain. Treatments to date have included oral medications, a computerized tomography (CT) scan, an MRI, and chiropractic treatment. The progress report dated 03/06/2015 indicates that the injured worker had increased signs of disc injuries to her cervical spine with increased episodes of dizziness, blurred vision, and loss of sleep. The objective findings include pain at C3-7, sensory loss at bilateral C5-6, and pain at T1-T4. The treating physician requested six additional chiropractic sessions for the neck, mid-back and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the neck, mid and low back; 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has received prior chiropractic care for his 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." The PTP does not list any objective measurements. The treating chiropractor's progress notes reviewed do not show objective functional improvement with the past care rendered. Range of motion and pain severity is not documented. I find that the 6 additional chiropractic sessions requested to the cervical spine, thoracic spine and lumbar spine to not be medically necessary and appropriate.