

<b>Case Number:</b>	CM15-0074113		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 42 year old male who sustained an industrial injury on 6/17/13. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having bilateral knee sprain and strain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatments to date have included physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic treatments, nonsteroidal anti-inflammatory drugs, and acupuncture treatment. Currently, the injured worker complains of discomfort in the back and lower extremities. The plan of care was for chiropractic treatments and a follow up appointment at a later date. The PTP is requesting 6 additional sessions of chiropractic care to the low back and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week for 3 weeks for the lumbar spine and bilateral ankle:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**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 and Ankle Chapters, Manipulation Sections/MTUS Definitions.

**Decision rationale:** The patient has completed an unspecified sessions of chiropractic care to date. The PTP's findings in the records submitted for review do not show objective functional improvement with past chiropractic care rendered, per The MTUS definitions. The chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions over 4-6 months. 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 MTUS and ODG Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." The MTUS and ODG do not recommend manipulation for the foot and ankle. Evidence of objective functional improvement is not present with the previously rendered care. I find that the 6 additional chiropractic sessions requested to the lumbar spine not medically necessary.