

<b>Case Number:</b>	CM15-0074515		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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:

This 29 year old female sustained an industrial injury on 3/18/13. She subsequently reported multiple areas of pain after a fall at work. Diagnoses include left knee tenosynovitis, lumbar facet syndrome and thoracalgia. Treatments to date have included nerve conduction, x-ray and MRI studies, injections, physical therapy and prescription pain medications. The injured worker continues to experience left knee, low back, mid back and bilateral wrist pain, a limping gait was also noted. A request for 4 additional spinal manipulations, 1x for 4 weeks for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 spinal manipulation, 1x for 4 weeks for the lumbar spine:** 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 & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** According to the PTP's only progress report available in the review materials provided, the patient has completed an unspecified number sessions of chiropractic care sessions 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 manipulation has been provided by a doctor of osteopathy, the PTP. 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 Neck & Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." Evidence of objective functional improvement is not present with the previously rendered care and cannot be determined with just one progress report. I find that the 4 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.