

<b>Case Number:</b>	CM15-0079351		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/30/1996
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 71 year old female, who sustained an industrial injury on 07/30/1996. The initial complaints or symptoms included low back, neck left elbow and left leg pain/injury as the result of a motor vehicle accident. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (including chiropractic manipulation), x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker reports improvement in constant moderate lumbar spine pain with frequent moderate right lower extremity pain, and wrist pain with gripping with chiropractic treatment. The diagnoses include lumbar disc and segmental dysfunction, cervical/thoracic spine and sacrum/pelvis segmental dysfunction, lower extremity radiculitis, and wrist segmental dysfunction. The treatment plan consisted of 8 additional sessions of chiropractic manipulation to unspecified body region(s).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation #8 DOS 3/14/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck-chiropractic guidelines-regional neck pain.

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

**Decision rationale:** The body region(s) to which treatment is being requested is not specified. The records reviewed indicate that the body regions are cervical and lumbar spine regions. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back and Low Back Chapters recommend additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 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 PR2 reports provided do not document pain intensities, range of motion in all planes or any improvements in ADLs (activities of daily living) as measured on the Oswestry questionnaire. The ODG Neck & Upper Back and Low Back Chapters and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 8 additional chiropractic sessions requested to the cervical and lumbar spine is not medically necessary and appropriate.