

<b>Case Number:</b>	CM15-0094312		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 30 year old male who sustained a work related injury October 27, 2012. Past history included s/p right radial head fracture 1/2013. According to a primary treating physician's progress report, dated April 2, 2015, the injured worker presented with ongoing neck, thoracic, low back and right upper extremity pain. He also reports nosebleeds, especially at night. He is currently receiving chiropractic therapy and pending an appointment with psychotherapy. An x-ray of the right elbow 3/3/2015, was normal, a CT of the right elbow 3/24/2015, was normal, and an x-ray of the skull 3/24/2015, was normal. Diagnoses are dental trauma; post- concussion syndrome; neck pain; low back pain; failed attempted physical therapy. Treatment plan included a request for authorization for additional chiropractic visits x 12 to the cervical and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional chiropractic visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**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 Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received chiropractic care for his cervical spine injury in the past. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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 past chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvements with the care in the past per the PTP's progress notes reviewed. The requested number of sessions far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the thoracic and cervical spine is not medically necessary and appropriate.