MAXIMUS Federal Services

| Case Number: | CM15-0096454 | | |
|---|---|---|---|
| Date Assigned: | 05/26/2015 | Date of Injury: | 04/01/2012 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

## 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 57 year old female, who sustained an industrial injury on 04/01/2012. She has reported injury to the neck and back. The diagnoses have included cervical sprain/strain; thoracic sprain/strain; and lumbar strain. Treatment to date has included medications, diagnostics, physical therapy, and chiropractic sessions. Medications have included Ibuprofen. A progress note from the treating physician, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuing low back pain, but has been experiencing improvement thus far with the chiropractic; the muscles are still tight, but there have been some gradual reduction in muscle tightness and pain with the chiropractic treatment; continued pain in the upper back and neck; and have been taking the Ibuprofen as needed. Objective findings included cervical, thoracic, and lumbar ranges of motion are within normal limits, but with tightness, particularly in the mid to upper back; and motor strength and sensation are within normal limits. The treatment plan has included the request for chiropractic treatment of the lumbar spine. The number of sessions has not been specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment of the lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic treatment for neck or low back pain.

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

**Decision rationale:** The patient has received chiropractic care for his lumbar 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 past chiropractic care records are not present in the records. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low 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 Low Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvement with the care in the past per the PTP's progress notes reviewed. The requested number of sessions have not been specified. I find that the additional chiropractic care requested to the lumbar spine to not be medically necessary and appropriate.