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| <b>Case Number:</b>   | CM15-0099717 |                              |            |
| <b>Date Assigned:</b> | 06/02/2015   | <b>Date of Injury:</b>       | 10/20/2013 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 04/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/25/2015 |

### 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: Chiropractor, Oriental Medicine

### 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 48 year old male with an industrial injury date 10/20/2013. His diagnoses included pain in thoracic spine, chronic pain syndrome, and post-concussion syndrome, pain in elbow, knee pain, myositis, rib pain, shoulder pain, fibromyositis, tibialis tendinitis, low back pain, hip pain and neck pain. Prior treatment included chiropractic treatment and medications. Co morbid diagnoses included diabetes, high blood pressure and gastrointestinal bleed. He presents on 04/24/2014 with complaints of fatigue with muscle aches, muscle weakness, joint pain, headaches and depression. Physical exam noted tenderness along the left border of the sternum. Treatment request included 8 additional sessions of chiropractic treatment to the cervical and lumbar spine two times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional sessions of chiropractic treatment to the cervical and lumbar spine, 2 times a week for 4 weeks:** 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: 2009; 9294.2; 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 4/28/15 denied the request for additional Chiropractic care, 8 additional visits to the patients cervical and lumbar regions citing CAMTUS Chronic Treatment Guidelines. The patient was reportedly benefited by a prior course of Chiropractic care but objective clinical evidence of functional gains were not provide to support the request for additional manipulative care. The medical necessity for continuing Chiropractic manipulation was not provided in the review of submitted medical records or comply with referenced CAMTUS Chronic Treatment Guidelines.