

<b>Case Number:</b>	CM13-0006764		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient reported an injury on 01/26/2011. The patient's diagnosis was neck sprain/strain. The mechanism of injury was cumulative trauma. The documentation of 06/13/2013 revealed the patient had unleveling of the thoracolumbar spine with the right side being higher than the left by 1 cm. The patient had increased lumbar lordotic curvature. Palpation was notable for tenderness and muscle guarding over the lumbar paraspinal musculature and lumbosacral junction. The straight leg raise test in both the seated and supine elicited increased low back pain with a radicular component. The examination of the right elbow, wrist, and hand, revealed the patient had tenderness to palpation along the medial epicondyle and over the extensor muscle groups at the proximal forearm extending to the wrist joint with increasing pain with passive range of motion. The patient had normal bulk and tone with no evidence of atrophy or spasticity. The patient's deep tendon reflexes were 2+ bilaterally. The patient's sensory examination was intact to light touch and pinprick in the upper and lower bilateral extremities. The diagnoses included cervical trapezial musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, right elbow medial and lateral epicondylitis and right forearm and wrist extensor/flexor tendonitis. The request was made for chiropractic manipulative therapy 2 times per week for 4 weeks for the spine, right elbow, and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY, 3 TIMES A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines indicate that manual therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended initially and in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the wrist and hand. Clinical documentation submitted for review failed to indicate the patient's prior therapies. There was lack of documentation indicating if this was the initial chiropractic care or treatment for a flare-up. The patient's injury was in 2011. The request as submitted failed to indicate a body part to be treated. The request would be excessive in nature as it is recommended for initial trial of 6 weeks. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for chiropractic therapy 3 times a week for 4 weeks is not medically necessary.