

<b>Case Number:</b>	CM13-0016256		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 licensed in Chiropractics and Acupuncture, and is licensed to practice in California. 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 58 year old male who was involved in a work related injury on 10/6/2008. He has low back pain and leg pain. He also has increasing neck stiffness. He has tenderness and spasm in the cervical/spine paravertebral muscles. Orthopedic tests Yeoman's and Hibbs are positive. His primary diagnoses are cervical spine sprain/strain and sacroiliac sprain/strain. He has had extensive chiropractic treatment over the years and a QME report in 2010 that he should have up to 12 therapy sessions per year under future medical care. 12 chiropractic visits have already been rendered from 1/25/13 to 7/29/2013 for a flare-up that was documented in a PR-2 on 1/25/13. The claimant is suffering another flare-up starting on 7/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation therapy, intersegmental traction, electrical muscle stimulation, myofascial release, diathermy, therapeutic exercise, and progress evaluation times 12 visits:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** According to evidence based guidelines, further chiropractic visits after an initial trial are medically necessary based on demonstrated functional improvement. Functional

improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had twelve chiropractic visits from 1/25/2013 to 7/29/2013. The request on 1/25/2013 was for the entire year and not for 6 months. The 12 visits were used within six months with no documentation on whether the visits were used to restore the claimant to a functional state of maintenance. The MTUS Chronic Pain Guidelines suggest that 1-2 treatments over 4-6 weeks are medically necessary for a flare-up. This appears to a single request for 12 chiropractic sessions, which include intersegmental traction, myofascial therapy, diathermy, electrical stimulation, and progress report. The excessive use of modalities during a single treatment session is not recommended and the twelve visits falls under the same rules as chiropractic. Therefore, the additional therapies are not recommended. The 12 visits exceed the recommendations and therefore are not medically necessary.