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| <b>Case Number:</b>   | CM13-0019971 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 01/12/2005 |
| <b>Decision Date:</b> | 01/28/2014   | <b>UR Denial Date:</b>       | 08/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractic and Acupuncture 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 physician 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 is a 62-year-old female who reported an injury on 01/12/2005. The mechanism of injury was not provided for review. The patient developed chronic cervical and low back pain. She was treated conservatively with aquatherapy, a TENS unit, physical therapy, chiropractic care, and acupuncture therapy. Her chronic pain was also managed with medications. The patient's diagnoses included cervical radiculopathy, right shoulder impingement syndrome, anxiety reaction, chronic pain syndrome, fibromyalgia, and sleep disorder. The treatment plan included continuation of acupuncture and medications, along with the addition of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment, 3x4, for neck, right shoulder, and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The chiropractic treatment requested, 3 times a week for 4 weeks for the neck, right shoulder and low back, is not medically necessary and appropriate. The clinical

documentation submitted for review does provide evidence that the patient previously underwent chiropractic care with any resulting functional benefit. California Medical Treatment Utilization Schedule does not recommend the use of manual therapy for elective or maintenance care. The need for manual therapy for recurrence and flare-ups should be determined on the patient's ability to return to work and should include 1 to 2 visits. The request exceeds California Medical Treatment Guidelines recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic treatment, 3 times a week for 4 weeks for the neck, right shoulder, and low back, is not medically necessary or appropriate.