

<b>Case Number:</b>	CM13-0023111		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/10/1992
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Care 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 injured worker is a 53-year-old female who reported an injury on 05/10/1992. The mechanism of injury was not provided in the medical records. The injured worker received multiple treatment modalities, to include at least 58 sessions of physical therapy, aquatic therapy, pain management, epidural steroid injections, and multiple surgeries. The injured worker's surgical history includes rotator cuff repair, subacromial decompression, and arthroscopy x2, to the left shoulder. The injured worker is also noted to have a 4 mm disc bulge at L1-2, L4-5, and L5-S1, creating mild central canal stenosis at L4-5 and an annular tear at L5-S1. The injured worker was also diagnosed with fibromyalgia in 1997, and is being treated accordingly, for that diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 CHIROPRACTIC TREATMENT VISITS (2 X 6) FOR LUMBAR, THORACIC AND POSSIBLE CERVICAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Manipulation

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend manual manipulation for patients experiencing pain related to musculoskeletal conditions. Guidelines recommend a trial of 6 visits to treat the lower back; however, the California Guidelines did not specifically address manipulation as it relates to the cervical or thoracic spine. Therefore, the Official Disability Guidelines were supplemented. ODG states that a trial of 4 to 6 visits of cervical and thoracic manipulation are indicated, and may be extended if documented objective improvement is obtained. The most recent clinical notes submitted for review are dated 05/08/2013 and 06/12/2013. These notes do not provide any evidence that the injured worker is experiencing cervical pain, or that a cervical examination had been performed. The note dated 06/12/2013 indicated that the injured worker had tenderness to palpation of the lumbosacral junction and mid-thoracic paraspinal muscles; however, the cervical spine was not addressed. The clinical note dated 05/08/2013 did not address any body region other than the injured worker's left shoulder. Without documentation providing evidence of cervical, lumbar, and thoracic complaints, medical necessity of this treatment cannot be established. Furthermore, the current request for 12 visits exceeds guideline recommendations of a trial of 6 visits; and therefore, is not recommended. As such the request for 12 chiropractic treatment visits is not medically necessary or appropriate.