

<b>Case Number:</b>	CM13-0033776		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Occupational Medicine, 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. 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:

According to the records made available for review, this is a 58-year-old female with a 12/28/10 date of injury. At the time (9/18/13) of request for authorization for six (6) additional chiropractic/physiotherapy for cervical and lumbar spine, there is documentation of subjective (very painful neck and back) and objective (moderate tenderness, spasm, and decreased cervical ROM, painful lumbar spine ROM, positive Spurling, and positive Kemp's) findings, current diagnoses (moderate hyperextension flexion injury, cervical spine, moderate strain-sprain, lumbar spine), and treatment to date (4 chiropractic manipulations from 4/8/13 to 5/16/13). 9/2/13 medical report identifies a request for six chiropractic visits for acute cervical and lumbar spine flare. There is no documentation of objective improvement in function as a result of chiropractic visits completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX (6) ADDITIONAL CHIROPRACTIC/PHYSIOTHERAPY FOR CERVICAL AND LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not address manipulation for the cervical spine. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4-6 visits should be documented with objective improvement in function. Within the medical information available for review, there is documentation of diagnoses of moderate hyperextension flexion injury, cervical spine, and moderate strain-sprain, lumbar spine. In addition, there is documentation of 4 chiropractic manipulations from 4/8/13 to 5/16/13. However, there is no documentation of objective improvement in function as a result of chiropractic visits completed to date. Therefore, based on guidelines and a review of the evidence, the request for additional chiropractic/physiotherapy for cervical and lumbar spine is not medically necessary.