

<b>Case Number:</b>	CM13-0042386		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/07/2001
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified in Chiropractor 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 is a 55-year-old male who reported an injury on 09/07/2001. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation documented that the patient had 8/10 pain that interfered with his ability to participate in activities of daily living. Physical findings included multilevel intersegmental joint hypermobility, tenderness to palpation along the spinal process and spinal musculature with reduced range of motion secondary to pain. The patient's treatment history included chiropractic care, physical therapy, and chronic opioid usage. The patient's diagnoses included cervicalgia, cervical brachial syndrome, cervical radiculopathy, thoracic spine pain, degenerative joint disease of the shoulder, nonalopathic lesion of the lumbar spine, and myalgia/myositis. The patient's treatment plan included chiropractic care, continuation of medications, and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 4 Chiropractic Manipulation Sessions between 10/01/2013 and 12/13/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

**Decision rationale:** The prospective request for 4 chiropractic manipulation sessions between 10/01/2013 and 12/13/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has received chiropractic care in the past. The efficacy of that care was not clearly established within the documentation. California Medical Treatment Utilization Schedule does not recommend maintenance therapy of manual manipulation. Up to 1 to 2 visits of chiropractic care is recommended for acute exacerbations if return to work is achieved. The requested 4 additional chiropractic manipulation sessions exceeds this recommendation. The clinical documentation submitted for review does not contain any exceptional factors that would support extending treatment beyond guideline recommendations. As such, the prospective request for 4 chiropractic manipulation sessions between 10/01/2013 and 12/13/2013 is not medically necessary or appropriate.