

<b>Case Number:</b>	CM13-0042680		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/17/1997
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Board Certified in Chiropractor 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 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 injured reported neck pain, right shoulder pain from injury sustained on 6/17/97. Mechanism of injury is unknown. Patient was diagnosed with Cervical spine segmental dysfunction, late effect sprain/ strain, Myalgia and Myositis. Patient was treated with medication and Chiropractic. Patient was seen for a total of 26 Chiropractic visits. Patient reported symptomatic improvement with chiropractic treatment. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau. Per notes dated 5/14/13 "chiropractic treatment continues to relieve her symptoms and improve ability to perform various ADL's". Notes dated 10/25/13 Patient's "pain is 6/10 with stiffness". Patient's injury is over 16 years old. Patient has had total of 26 chiropractic visits without any long term function improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for chiropractic 2xMo x 2Mos, cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual Therapy & Manipulation

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

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59 "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient's injury is over 16 years old. Patient has had total of 26 chiropractic visits without any long term function improvement. Per MTUS- Definition 9792.20 (f) "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment". Per notes dated 5/14/13 "chiropractic treatment continues to relieve her symptoms and improve ability to perform various ADL's". Notes dated 10/25/13 Patient's "pain is 6/10 with stiffness". With 26 chiropractic visits patient continues to have pain and flare-ups, there is lack of functional improvement. Per guidelines and review of evidence, 2 chiropractic visits X 2 months is not medically necessary