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| <b>Case Number:</b>   | CM13-0044050 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/07/2006 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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 licensed in Chiropractor 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:

This is a 67-year-old male with an 8/7/06 date of injury. A specific mechanism of injury was not described. According to a chiropractic report dated 10/7/13, the patient stated that the "last couple of months" have been particularly demanding as set construction grip. He complained of constant neck, upper trapezium and shoulders, and central lower back pain, with radiating pain to both buttocks and posterior thighs, rated as a 9/10. He stated that his neck pops, grinds, is stiff, is hard to rotate, with difficulty bending, standing, and working. Objective findings: negative cervical and lumbar neuro exam, local moderate pain on cervical compression and max compression, decreased cervical and lumbar range of motion, left shoulder moderate crepitus, decreased shoulder range of motion. Diagnostic impression: cervicalgia, thoracic pain, lumbar pain, shoulder stiffness, sprain/strain late effects, degenerative joint disease. Treatment to date: medication management, activity modification, chiropractic care. A UR decision dated 10/16/13 modified the request for 6 sessions of chiropractic care to 4 sessions. The claimant has reportedly experienced flare-ups of his low back pain over the past several years, which has responded favorably to short courses of chiropractic care. 4 chiropractic visits exceeds the MTUS however can be clinically justified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care (6 Sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Low Back Complaints, Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, in the present case, the UR decision dated 10/16/13 noted that the claimant has reportedly experienced flare-ups of his low back pain over the past several years, which has responded favorably to short courses of chiropractic care. This information was not provided in the chiropractic report provided for review. There is no documentation of functional improvement or gains in activities of daily living from the prior chiropractic sessions. In addition, the previous UR decision modified this request to certify 4 sessions. It is unclear if the patient has completed these sessions. Therefore, the request for Chiropractic Care (6 Sessions) was not medically necessary.