

<b>Case Number:</b>	CM13-0059111		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 expert reviewer is a licensed 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 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 patient is a 48-year-old injured worker who reported an injury on 10/12/2011. The mechanism of injury was noted to be a motor vehicle accident. There was no recent clinical note from 2013. The patient's diagnoses were noted to be spondylosis and allied disorders and cervical spondylosis without myelopathy. The request, per the Independent Medical Review was chiropractic treatment for 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatments, quantity 6:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions; and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be

appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments; several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated that the patient had prior chiropractic care. There was a lack of documentation indicating the patient's objective functional benefit received through therapy as there was no objective physical examination submitted for review from 2013. The documentation that was submitted for review was chiropractic care notes that were difficult to read. The request as submitted failed to indicate the body part that the requested service was for. The request for additional chiropractic treatments quantity 6 is not medically necessary and appropriate.