

<b>Case Number:</b>	CM13-0060888		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation, 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 47-year-old male who reported an injury on 02/19/1998, after a fall off a ladder. The patient's most recent clinical documentation noted that the patient received chiropractic treatments 1 to 2 times a month to assist with pain control. Physical findings included reduced range of motion of the cervical spine, tenderness to palpation along the L5-S1 distribution of the lumbar spine with limited range of motion. The patient's diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral feet sprain/strain, and metatarsalgia. The patient's treatment plan included continued chiropractic care and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT CHIROPRACTIC TREATMENTS FOR THE CERVICAL AND THORACIC SPINE:** Upheld

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

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

**Decision rationale:** The requested 8 chiropractic treatments for the cervical and thoracic spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of chiropractic care as a maintenance therapy. The clinical documentation does indicate that the patient receives ongoing chiropractic care 1 to 2 times per month. Although this type of therapy assists the patient with pain control, there is no evidence in the documentation that the patient cannot be transitioned to a more active therapy to better address the patient's symptoms. Additionally, as maintenance therapy is not supported by California Medical Treatment Utilization Schedule, continued chiropractic treatments would not be supported. As such, the requested 8 chiropractic treatments for the cervical and thoracic spine are not medically necessary or appropriate.