

<b>Case Number:</b>	CM13-0064337		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Family Medicine 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 57-year-old male patient who reported an industrial injury to his neck and back on 5/22/2013, 19 months ago, attributed to the performance of his usual and customary job tasks. The mechanism of injury was described as a stack of boxes fell in the claimant's head and shoulder resulted in pain to the neck, head, shoulder, hand, and foot. The patient has been treated with medications; activity modification; sessions of physical therapy; and six (6) sessions of chiropractic care. The patient is diagnosed with sprain of neck; sprain of thoracic region; sprain of lumbar region; sprain of sacroiliac; lumbosacral neuritis; sprain of hands; fracture phalanx hand; shoulder sprain; crushing injury to the ankle/foot my: and ankle sprain. The patient was prescribed additional outpatient chiropractic treatment for the cervical, thoracic, and lumbar spines, bilateral shoulders, and right thumbs 2 times 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chiropractic treatments for the cervical, thoracic and lumbar spines, bilateral shoulders and right thumb 2 times per week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s):

58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter-manipulation

**Decision rationale:** The patient is noted to be 19 months status post date of injury with a complaint of continued neck and low back pain; bilateral shoulder pain and thumb pain that was originally attributed to the cited mechanism of injury reported on the DOI. The objective findings documented by the requesting provider do not support the medical necessity for additional chiropractic care sessions for chronic pain for the treatment of cervical spine and back pain with the diagnosis of sprain/strain; lumbar spine DDD; and radiculopathy. The patient is noted to have back pain and cervical pain subsequent to the provided chiropractic care with no demonstrated functional improvement for the prior sessions of chiropractic care provided to this patient. The requesting provider fails to document any sustained functional improvement with the previous sessions of chiropractic care. The CA MTUS does not recommend chiropractic care/CMT to the shoulder, hand, or thumb. The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of radiculopathy. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The patient should be participating in a self-directed home exercise program for the treatment of his chronic neck, shoulder, thumb, and lower back pain. The requested treatment is being directed to chronic back/neck pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is no demonstrated medical necessity for the requested 2 times 4 additional sessions of chiropractic care directed to the neck, shoulders, thumb, and back.