

<b>Case Number:</b>	CM14-0004489		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Chiropractic, 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:

The patient is a 47-year-old male, [REDACTED], with the reported date of injury on 09/15/2008. The chiropractic records provided for this review, consisted of an 11/16/2013 request for authorization (RFA), a progress report dated 08/12/2013, and numerous pages of health insurance claim forms reporting 30 treatment sessions from 03/20/2013 through 04/04/2014. The 08/12/2013 chiropractic progress report indicated the patient treated for a flare-up in neck and low back pain without measured comparative data noted and the patient was recommended to treat on 3-5 visits. The cervical spine medical resonance imaging (MRI) of 11/04/2013 revealed C3-4 disc extrusion, and C4-5, C5-6, C6-7 disc bulges. The 11/16/2013 request for authorization (RFA) requested chiropractic treatments to consist of adjustment, traction, myofascial release, and heat in the care of diagnoses of 723.1 (cervicalgia), 724.2 (lumbago), 847.0 (cervical sp/st), 847.1 (thoracic sp/st), and 846.0 (L/S sp/st). The medical encounter note of 03/05/2014 reports past patient treatment with activity restriction, medications, physical therapy, chiropractic, epidural steroid injections, and acupuncture, without substantial improvement in spite of prolonged course of conservative treatment measures. A lumbar spine MRI was performed on 03/31/2014 with findings of disc disease at the L1-2 and L5-S1 levels, L1-2 paracentral disc protrusion, L5-S1 diffuse disc bulging, and L4-5 bilateral facet joint hypertrophy. The chiropractic insurance claim forms reported diagnoses of 723.1, 847.1, 724.2, and 722.10, with treatment dates on 03/20/2013, 03/25/2013, 03/27/2013, 08/12/2013, 08/13/2013, 08/14/2013, 08/16/2013, 08/19/2013, 08/23/2013, 08/27/2013, 08/30/2013, 09/04/2013, 09/06/2013, 09/17/2013, 10/15/2013, 10/25/2013, 11/12/2013, 11/15/2013, 11/18/2013, 11/22/2013, 11/25/2013, 12/03/2013, 12/06/2013, 12/09/2013, 12/10/2013, 02/21/2014, 02/24/2014, 03/31/2014, 04/02/2014, and 04/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ADDITIONAL CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-59

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

**Decision rationale:** The patient has treated with chiropractic care on at least 30 occasions from 03/20/2013 through 04/04/2014. The chiropractor did not submit documentation of patient history, comparative measured subjective or objective clinical data, treatment plans with measurable treatment goals, or clinical chart note records. The MTUS Chronic Pain Medical Treatment Guidelines support a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There was no documentation to provide evidence of objective functional improvement with chiropractic care rendered or evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary. Therefore, the request for additional chiropractic sessions is not supported be medically necessary. Additionally, this patient has treated on at least 30 chiropractic treatment sessions, greatly exceeding treatment guidelines recommendations; therefore, the request for additional chiropractic treatment sessions is not supported to be medically necessary.