

<b>Case Number:</b>	CM14-0005336		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Board Certified in Occupational Medicine, and is licensed to practice 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 66-year-old male who has submitted a claim for degeneration of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of September 4, 2009. The patient complains of neck and back pain rated 7/10. Pain relief was reported from acupuncture and chiropractic manipulation. Physical examination showed limitation of motion of the cervical and lumbar spine. The diagnoses were degeneration of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc. The patient has completed an extensive treatment program including at least 24 sessions of acupuncture, 27 sessions of physical therapy, 12 sessions of aquatic therapy, and 24 sessions of chiropractic care. Additional six sessions for chiropractic care was requested. Treatment to date has included oral analgesics, acupuncture, aquatic therapy, physical therapy and chiropractic care. Utilization review from December 23, 2013 denied the requests for acupuncture to cervical and lumbar spine, six sessions; physical therapy cervical and lumbar spine, six sessions; and chiropractic therapy cervical and lumbar spine, six sessions. An appropriate course of treatment utilizing different modalities of care was already rendered. The patient should be well-versed in a home exercise program by now considering the amount of therapy completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC THERAPY CERVICAL AND LUMBAR SPINE SIX SESSIONS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

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

**Decision rationale:** Page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this case, the medical records show that the patient has received 24 sessions of chiropractic care for the cervical and lumbar spine. However, there was no evidence of objective functional improvement from the previously rendered treatment. There was also no documentation of acute flare-ups or progression of symptoms that would warrant an additional course of chiropractic care. Furthermore, it is why the patient is still not versed to home considering the extensive course of treatment. The medical necessity has not been established. Therefore, the request for chiropractic therapy cervical and lumbar spine six sessions is not medically necessary.