

<b>Case Number:</b>	CM14-0007040		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	12/30/2013
<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 Chiropractic 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 injured worker is a 67-year-old female who reported an injury on 05/18/2009. The mechanism of injury was not provided in the medical records. The injured worker had diagnoses including cervicobrachial syndrome- diffuse, pain in joint-shoulder bursitis-shoulder and muscle spasms. The injured worker continued to report chronic pain to the cervical area and right shoulder. The chiropractic progress note dated 11/02/2013 noted the injured worker noticed worsening pain to the neck bilaterally and to the right shoulder. The injured worker had pain upon palpation, a moderate amount of increased muscle tension in the cervical paraspinal muscles on the left, and a severe degree of hypertonic contraction in the cervical paraspinal muscle on the right was elicited. Examination of the spinal soft tissue revealed a medium level of pain at the C5 to C6 on the right and C7 bilaterally and a mild degree of pain at the C5 on the left. The provider recommended the injured worker return three times per week for six weeks in order to reduce subluxation of the segments and also to help improve mobility. The provider requested 18 additional chiropractic treatments and retrospective chiropractic treatments of an unspecified quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL CHIROPRACTIC TREATMENTS QTY: 18:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend a trial of 6 visits of manual therapy & manipulation and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. The guidelines note care beyond 8 weeks may be indicated for certain injured workers with chronic pain in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Within the provided documentation there was not a recent complete assessment of the injured workers objective functional condition indicating the presence of any significant objective functional deficits. The number of requested sessions would exceed the guideline recommendation given that the patient had prior treatment. Additionally, it was noted the injured worker reported increased pain. Therefore, the request for additional chiropractic treatment, QTY 18 is non-certified.

**RETROSPECTIVE CHIROPRACTIC TREATMENTS, UNSPECIFIED:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend a trial of 6 visits of manual therapy & manipulation and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. The guidelines note care beyond 8 weeks may be indicated for certain injured workers with chronic pain in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Within the provided documentation there was not a complete assessment of the injured workers objective functional condition prior to beginning chiropractic care indicating the presence of any significant objective functional deficits. The request did not indicate a number of requested sessions and a site for the chiropractic care. Therefore, the request for retrospective chiropractic treatments, unspecified is not medically necessary.