

<b>Case Number:</b>	CM14-0100704		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 female patient with a date of injury of April 24, 2009. A utilization review determination dated June 10, 2014 recommends noncertification of chiropractic care x4 visits. A progress note dated June 3, 2014 identifies subjective complaints of constant moderate sharp and stabbing lower back pain, the patient rates a VAS 6-7/10. The patient describes her neck pain as constant slight-moderate sharp pain rated VAS 6/10. The patient also reports right shoulder pain that she describes as constant slight-moderate anterior shoulder pain over the supraspinatus tendon and tenderness over the acromioclavicular joint rated a VAS of 6/10. The patient reports to be without medication for several months, she indicated that she is not able to tolerate the pain without the help of anti-inflammatory and analgesic medications. She is currently taking Tylenol for pain. The physician reports that he has encouraged the patient to go to the gym, as the patient has a gym membership. The patient was given handouts on exercise that she can perform to help strengthen and stabilize her core and right shoulder. Physical examination identifies 25% global loss of range of motion of the cervical spine with slight-moderate paravertebral hypertonicity of the mid-lower cervical spinal musculature bilaterally. The patient has a 25% loss of ROM of right shoulder in all planes with increased pain with abduction and flexion. The patient has 25% loss of lumbar flexion and extension with pain at the end ranges of motion, she has slight-moderate paravertebral muscle hypertonicity bilaterally along the iliolumbar spine, and positive Kemp's and Patrick tests on the right. Diagnoses include lumbar facet syndrome, cervical disc syndrome, right shoulder rotator cuff syndrome, and thoracic spine pain. The treatment plan recommends spinal manipulation of the cervical, thoracic, lumbar spines and right shoulder at a frequency of one office visit a week over the next four weeks as requested by QME physician. The treatment plan also recommends request for authorization for a PM&R consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC X 4 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic care x 4 visits, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, it is unclear how many visits the patient has completed so far. Furthermore, there is no statement indicating functional improvement from the chiropractic visits already completed. In the absence of clarity regarding the above issues, the currently requested chiropractic care x 4 visits is not medically necessary.