

<b>Case Number:</b>	CM14-0104567		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 claimant was injured on 03/26/13. Six chiropractic sessions for the cervical and lumbar spines are under review. On 06/04/14, she complained of pain in her neck and upper thoracic region with tenderness of the paracervical muscles and palpable mid-segment spasm. There was right groin tenderness. The mechanism of injury is unknown. Her medications, surgical history, and diagnostic studies were not submitted for review. She was status post active release therapy and physical therapy for an unknown number of sessions and unknown outcome and could not distinguish them. She had an intact neurologic examination but did have some bilateral foot dysesthesia. She saw [REDACTED] and had previous PT but not recently. She was very sore following some gardening work and her neck and upper thoracic region remained painful since her last visit. She was attempting to remain active. Neuro was intact. She also had right hip pain and foot dysesthesias. Chiropractic care was recommended. Cervical/thoracic MRI scans were also recommended due to her lack of recovery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic Sessions of Lumbar and Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Manipulation and Traction

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MANUAL THERAPY AND MANIPULATION Page(s): 58-59. Decision based on Non-MTUS  
Citation Official Disability Guidelines (ODG): Neck and Upper Back, Manipulation

**Decision rationale:** The history and documentation do not objectively support the request for chiropractic for six visits for the cervical and lumbar spines. The MTUS state "manual therapy & manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The ODG state regarding the cervical spine, "Recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. The rarity of cerebrovascular accidents makes any association unclear at this time and difficult to study. In this case, the claimant has a chronic condition and her history of injury, evaluation and treatment to date is unknown. There is no evidence that she is involved in an ongoing exercise program since her previous PT that is to be continued in conjunction with chiropractic care, in order to help maintain any benefit she receives. In addition, imaging has been recommended. It is not clear what benefit chiropractic is likely to provide under these circumstances. The medical necessity of this request for 6 visits of chiropractic for the cervical and lumbar spines has not been demonstrated.