

<b>Case Number:</b>	CM14-0010408		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/04/2002
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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:

Clinical Summary: The patient is a 59 year old female who was injured on 09/04/2002. She sustained an injury to her neck and back. Prior treatment history has included Zanaflex, Wellbutrin SR, Levothyroxine, and Singulair; trigger oint injection and Toradol injection on 01/08/2014; a C7-T1 interlaminar epidural steroid injection on 02/04/2014 and 09/03/2013. The patient underwent a total knee arthroplasty with and without allograft on 10/30/2013. Re-evaluation note dated 01/13/2014 states the patient presents with complaints of neck pain. She continues to have chronic neck, mid, and low back pain. She rates her pain as 6/10. The symptoms are described as aching and constant. She also reports mid and low back pain with moderate improvement. The pain level ranges from 4-5/10. She states heat and medication relieves the pain. Physical medicine note dated 01/08/2014 reports the patient had trigger points and tightness noted in the bilateral levator, suboccipital, and rhomboid groups. The lumbar spine revealed no spasm. Cervical range of motion is 50 degrees rotation to the right and 40 degrees rotation to the left. Straight leg raise is negative bilaterally. Jamar reveals 62 pound grip strength on the right and 44 on the left. Prior UR dated 01/14/2014 states the request for 2 chiropractic manipulation sessions is non-certified as a previous request for 3 chiropractic sessions was certified with 2 additional manipulation sessions for a flare-up. Functional improvement is not being obtained as the patient continues to have pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 CHIROPRACTIC MANIPULATION SESSIONS:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, Page(s): 58-59.

**Decision rationale:** Per The CA MTUS Guidelines, Chiropractic care is 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 the progression in the patient's therapeutic exercise program and return to productive activities. In this case, the original injury date is 09/04/2002; the treating doctor stated in his records the patient continues to have neck, mid back and lower back pain. According to the medical records, this patient has been receiving Chiropractic care since August of 2012. The records state the patient's condition improves with chiropractic care, but deteriorates without it, therefore, one can conclude based on the medical records, improvement in functional capacity has not occurred. Additionally, there is no stated goal in the records as to what functional improvement in functional capacity can be anticipated with continued Chiropractic care. According to the CA MTUS, the decision for 2 Chiropractic sessions is not medically necessary.