

<b>Case Number:</b>	CM14-0010659		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<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 licensed in Chiropractic 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 patient is a 59 year old male who was injured on 04/28/2003. Mechanism of injury is unknown. Prior treatment history has included chiropractic manipulation and palliative modalities. PR-2 dated 12/14/2013 documented the patient with complaints of frequent pain with stiffness of his neck and his lower back of a moderate quality usually 6-7/10 on a VAS scale. He reports positive benefit with chiropractic care. On his last visit he reported pain with stiffness of a Grade 5 for his neck and 7 for his lower back on a VAS scale. Objective findings on exam reveal lumbosacral range of motion is currently limited 40% in flexion and 25% in extension. Neurological exam is stable. There were 2+ spasms noted over the right extensors. Lasegue's test was positive on the right 60/90 degrees. Nerve tension sign is positive on the right. The cervical spine was limited in flexion of approximately 35%, extension was limited 10%. Cervical foraminal compression test was positive on the right with pain elicited at the levels of C6-7. Current Treatment: when he receives his treatments his pain levels are typically reduced to 2-3/10 VAS and ROM is nearly restored to normal. Current treatment plan of 3-4 visits are recommended over the next 4-6 weeks which includes therapeutic exercise and manipulation of the lumbar and cervical spine. The patient is instructed on a HEP that he performs daily. Manipulation therapy for myofascial release is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT X 3-4 OFFICE VISITS OVER THE NEXT 6 - 8 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient has had 6 exacerbations over the last 13 months resulting in 18 visits with a request for 3-4 more. In other words, the patient has been treating continuously over the last year. The treatment guidelines are set up to treat patients who suffer occasional exacerbations as stated in the guidelines under the Manual Therapy and Manipulation section for chronic pain. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Additionally, this patient should be performing daily home care to strengthen his spine preventing exacerbations. It appears that the patient is seeking maintenance treatment. Maintenance treatment is not a covered service under the MTUS guidelines; therefore, the requested treatment is not recommended.