

<b>Case Number:</b>	CM14-0017066		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/21/2000
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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:

According to the available medical records, this is a 71-year-old male patient with chronic neck, upper back and lower back pain, dated of injury 01/21/2000. The previous treatments include medications and chiropractic. Progress noted dated 01/08/2014 by the treating doctor revealed chronic cervical, thoracic and lumbar spine pain. He has been having chiropractic treatments 1-2 times per week for adjustments to the neck & mid-back. The lumbar spine is not treated. The treatments have kept his pain & muscle spasm at a manageable level. He has been able to wean off of Norco and occasionally take a muscle relaxer. He denies any upper extremity (UE) or lower extremity (LE) pain or weakness. Physical examination revealed mild cervical paraspinal muscle tenderness, normal range of motion (ROM); tenderness present in lower lumbar spine; all other exam are within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC VISITS TO THE NECK AND MIDBACK, 1-2 VISITS A WEEK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The MTUS guidelines 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. For low back, therapy is recommended as an option. Therapeutic care included a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. For recurrences/flares-up, there is a need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. In this case, a reviewed of the available medical records show this patient has had chiropractic treatments 1-2 time a week, however, there is no treatment records available for review. Therefore, number of visits is unknown and evidence of objective functional improvement is unknown. The request for chiropractic 1-2 times a week for 12 week also exceeded CA MTUS guideline recommendation for chiropractic treatments; therefore, it is not medically necessary.