

<b>Case Number:</b>	CM14-0113336		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic back, shoulder, and neck pain reportedly associated with cumulative trauma at work first claimed on January 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 18, 2014, the claims administrator retrospectively denied a request for 12 sessions of chiropractic manipulative therapy with associated with physical therapy modalities and work conditioning. In a progress note dated December 20, 2013, the applicant was asked to remain off of work, on total temporary disability, through January 31, 2014. Multifocal 8-9/10 upper back and lower back pain were reported. Electrodiagnostic testing of the cervical spine and bilateral upper extremities of December 24, 2013 was notable for a multilevel cervical radiculopathy. On January 3, 2014, the applicant was again asked to remain off of work, on total temporary disability, through January 31, 2014. On April 21, 2014, the applicant was given prescriptions for several compounded medications and again asked to remain off of work, on total temporary disability, owing to ongoing complaints of 7-8/10 upper back, neck, and lower back pain. The applicant was asked to consult a psychiatrist, pain management specialist, and orthopedist. On February 10, 2014, authorization was sought for 12 sessions of chiropractic manipulative therapy, physical therapy, and work conditioning. It appears that the treatments were performed without authorization and retrospective authorization was apparently sought for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Chiropractic Treatment with Physical Therapy Modalities 2 x 6 and work conditioning, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11, Chronic Pain Treatment Guidelines Chiropractic and Physical medicine Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability. The applicant has failed to demonstrate any evidence of treatment success through the chiropractic manipulative therapy and/or physical therapy performed to date. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant and highly dependent on various and sundry topical compounded medications, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for 12 sessions of chiropractic treatment with associated physical therapy modalities and work conditioning was not medically necessary.