

<b>Case Number:</b>	CM14-0153789		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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, has a subspecialty in Pediatric 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:

The injured worker is a 59 year old individual with an original date of injury of 8/3/2001. The mechanism of this industrial injury occurred when the patient was involved in a motor vehicle accident on the job. Body parts injured included cervical spine, lumbar spine, left wrist and both shoulders. The injured worker has undergone approved chiropractic treatments without documented objective, functional improvement. The records indicate the patient has experienced a recent flare-up of this condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups. The disputed issue is a request for 6 additional chiropractic spinal manipulation, electrical stimulation and massage therapy sessions. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 6 Chiropractic Spinal Manipulation, Electrical Stimulation, Massage Therapy Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual Therapy and Manipulations, Massage Therapy, Neuromuscular Electrical Stimulation (NMES) device.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. There is a noted flare-up of the condition; however the CA MTUS recommends 1-2 chiropractic treatments for such a flare-up. The request is in excess of the Guidelines. Massage therapy is recommended at 4-6 visits and as an adjunct to other treatment. The patient has already received 5 massages for a recent flare-up. Electrical Stimulation is not recommended by the CA MTUS. There is no evidence to support its use in chronic pain conditions. The request for 6 additional chiropractic spinal manipulation, electrical stimulation and massage therapy sessions is not medically necessary.