

<b>Case Number:</b>	CM14-0156575		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 51 year old female patient with chronic neck and back pain, date of injury is 08/20/2012. Previous treatments include physical therapy, chiropractic, acupuncture, medications. Progress report dated 01/14/2014 by the treating doctor revealed patient with neck pain, back and left buttocks pain, she continue to have abdominal cramping when she urinates and pelvic pain. She has went to a chiropractic treatment but her authorization had expired, re-authorization for chiropractic treatment is needed. Physical exam noted anteflexion of the head on the neck, flexion 25, extension 20, lateral flexion 10 bilaterally. Anteflexion of the trunk is 60 degree, extension 10, rotations 10 bilaterally and lateral flexion 10 bilaterally. There is lower abdominal tenderness and swelling, paracervical tenderness from C2 to C7-T1, parathoracic tenderness from T1-L1 and paralumbar tenderness from L1-S1, lower thoracic and lumbar spasm, bilateral sacroiliac tenderness and trochanteric tenderness. Abduction of the right shoulder is 130 degrees, extension 20 and flexion is 120. Abduction of the left shoulder is 130 degrees, extension 20 and flexion is 100 degrees. Diagnoses include chronic lumbar pain, chronic thoracic myofascial pain, chronic cervical myofascial pain, probable right shoulder sprain along with left shoulder pain, chronic lower abdominal pain with palpable mass, probable bladder prolapse, anxiety, restless leg syndrome and depression. Re-authorization for chiropractic treatments is requested on 01/14/2014. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manj 5 regions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The patient presents with chronic neck and back pain that has not showed any long term, positive response to medications, physical therapy, acupuncture, and chiropractic. She continues to have ongoing pain and unable to work. There is a request for re-authorization of 6 chiropractic treatments on 01/14/2014. UR letter dated 09/16/2014 also reviewed 6 chiropractic sessions has been authorized. However, there is no treatment records of previous chiropractic therapy. Based on the guidelines cited, due to lack of evidences of objective functional improvement, the current request for 6 chiropractic treatments is not medically necessary.