

<b>Case Number:</b>	CM14-0164333		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Acupuncture 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 60-year-old male who reported neck and low back, shoulder and upper extremity pain from injury sustained on 03/01/14 due to motor vehicle accident. X-rays of the cervical spine revealed straightening of cervical lordosis, degenerative disc narrowing at C4-5, degenerative disc narrowing at C4-5 and degenerative marginal end plate osteophyte off and anterior inferior and superior C4, C5 and C6. X-rays of the right shoulder revealed cranial subluxation of distal clavicle, degenerative marginal osteophyte off the opposing surfaces of the distal clavicle and the acromion. X-rays of the lumbar spine revealed levoconvex scoliosis, degenerative marginal end plate osteophyte, surgical metallic clips projecting over the right upper quadrant of the abdomen and atherosclerotic abdominal aorta. Patient is diagnosed with multilevel cervical degenerative disc disease and multilevel neural foraminal stenosis, cervical sprain/strain, lumbar multilevel degenerative disc disease, multilevel disc herniation, lumbar sprain/strain, right shoulder severe degenerative joint disease of glenohumeral and acromioclavicular joints, right trigger thumb and right carpometacarpal and metatarsophalangeal joint. Patient has been treated with medication and physical therapy. Per medical notes dated 06/11/14, patient continues to have ongoing and similar complaints as last time. Examination revealed tenderness to palpation over the sternocleidomastoid, upper trapezius, splenius, levator scap with decreased range of motion of the cervical spine. Examination of the right shoulder revealed tenderness to palpation over the anterior and lateral deltoid biceps tendon, acromioclavicular joint, anterior, and lateral acromion on the right. He had decreased range of motion of the right shoulder. Examination of the lumbar spine revealed tenderness over the lumbar paraspinous muscles with decreased range of motion and decreased lumbar lordosis. Provider requested initial trial of 10 Chiropractic treatments, which were modified to 6 by the utilization reviewer.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic Treatment to the Lumbar and Cervical Spine 2 times a week over 3 weeks: QTY: 6: Upheld**

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

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

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Pages 58-59. "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 objectively measureable gain sin functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function." Provider requested initial trial of 10 Chiropractic visits for neck and low back, which were modified to 6 by the utilization reviewer. Per guidelines, 4-6 treatments are supported for initial course of Chiropractic treatment with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 10 Chiropractic visits are not medically necessary.