

<b>Case Number:</b>	CM14-0021222		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Services 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 49 years old male patient with chronic shoulder, neck, upper back and lower back pain, date of injury 06/20/2005. Previous treatments include medications, injections, physical therapy and chiropractic. Progress report dated 01/23/2014 by the treating doctor revealed patient with anxiety and depression; constant pain in his shoulders 6/10, throbbing, aching and sharp; constant neck pain, 6/10, aching, throbbing and dull; constant upper back pain, 6/10, pulsing and aching; frequent lower back pain, 4-6/10, pulsing, throbbing and dull, after therapy pain level drops down to 4 for a short while, worse with cold. Examination of the neck revealed stiffness and tenderness at C6-7 and C7-T1, ROM is normal with pain in flexion and extension. Palpation reveals moderate spinal tenderness bilaterally at L4-S1, ROM is normal with pain in flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION:** 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:** According to the available medical records, this patient has had 16 chiropractic treatments up to 01/27/2014. There was no evidence of objective functional improvement for those visit. The patient noted that his neck pain is the same, his upper back pain is the same; and his lower back pain feels slightly better, however, his pain level actually increased from 4/10 to 4-6/10. Based on the guidelines cited above, additional chiropractic manipulation is not recommended.