

<b>Case Number:</b>	CM14-0025189		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/20/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 50-year-old male with a reported date of injury on 12/20/2003. His diagnoses were noted to include lumbago, low back pain, cervical pain/cervicalgia, and myofascial pain syndrome/fibromyalgia. His previous treatments were noted to include chiropractic therapy and medications. The progress report dated 01/13/2014 reported the injured worker saw his chiropractor weekly for adjustments and that greatly helped and he wanted to continue. The progress note dated 04/07/2014 reported pain at 3/10 with medications. The injured worker reported continued pain in the neck, back, and legs. The physical examination performed showed cervical spine tenderness and decreased range of motion. The progress note reported the lumbar spine was tender at the facet joint and range of motion was decreased. The progress note reported motor strength testing in bilateral upper and lower extremities were full strength and normal. The Request for Authorization dated 02/06/2014 is for chiropractic treatment 2 times 10 weeks due to lumbago, low back pain, cervical pain/cervicalgia, myofascial pain syndrome/fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION QTY: 20.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 -60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** The injured worker has been receiving chiropractic therapy previously with unknown number of sessions. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The manual therapy is used in the treatment of musculoskeletal pain. The guidelines state that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement to facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, totaling up to 18 visits over 6 to 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits regarding range of motion and motor strength, and a lack of documentation regarding quantifiable objective functional improvement. There is also a lack of documentation regarding the number of previous chiropractic sessions and if this is an adjunct to active physical therapy or home exercises. Therefore, due to the lack of current measurable objective functional deficits, quantifiable objective functional improvements, number of previous chiropractic sessions, and whether or not this will be used in adjunct to physical therapy or home exercises the request for chiropractic therapy is not warranted at this time. Therefore, the request is not medically necessary.