

<b>Case Number:</b>	CM14-0025894		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 licensed in Chiropractor and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 09/16/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 12/19/2013 indicated diagnoses of cervical radiculopathy and lumbar radiculopathy. The injured worker reported neck and back pain. He reported he was taking his medication as prescribed. On physical examination of the cervical spine, the injured worker's sensation was reduced in the C7 dermatomal distribution. The injured worker's range of motion was restricted with a positive Spurling's test on the left. The injured worker's examination of the thoracolumbar spine revealed tenderness to the paravertebral muscles with spasms present. The range of motion was restricted with a positive straight leg raise on the left. The injured worker's prior treatments included diagnostic imaging, chiropractic therapy, and medication management. The injured worker's medication regimen included Ketoprofen, Omeprazole, and Orphenadrine. The provider submitted a request for additional chiropractic sessions. A Request for Authorization dated 12/19/2013 was submitted for additional chiropractic treatment. However, the rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL CHIROPRACTIC SESSIONS 3 TIMES PER WEEK FOR 4 WEEKS FOR NECK AND LUMBAR:** 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 Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The California MTUS guidelines recommend manual therapy 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Moreover, there is a lack of documentation indicating the injured worker's prior course of chiropractic therapy as well as the efficacy of the prior therapy. Additionally, the amount of chiropractic therapy visits that have already been completed for the neck and lumbar is not indicated. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for 12 additional chiropractic sessions for neck and lumbar is not medically necessary.