

<b>Case Number:</b>	CM14-0029477		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 38-year-old male who reported neck and back pain from injury sustained on 07/25/08. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with intervertebral disc displacement of thoracic and cervical spine without myelopathy; cervical spine stenosis; cervicgia; and neck sprain/strain. Patient has been treated with medication and therapy. Per medical notes dated 07/14/14, patient complains of neck pain, left side worse than right, radiating into the left shoulder; thoracic spine pain. Pain is rated at 8/10. Per medical notes dated 08/25/14, patient complains of neck pain, left side worse than right, radiating into the left shoulder; thoracic spine pain. Pain is rated at 8/10. He reports decreased sleep. Examination revealed cervical, thoracic, and lumbar spine range of motion restricted by pain in all directions. There is tenderness to palpation of the cervical paraspinal muscles overlying the bilateral C4-T1 facet joint. Provider requested initial trial of 8 Chiropractic Sessions, 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:

**Chiropractic Treatment to C-Spine and T-Spine 8 visits:** 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 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 in functional improvement that facilitates 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." Patient has not had prior chiropractic treatments. Provider requested 8 chiropractic sessions for cervical and thoracic spine, which were modified to 6 by the utilization reviewer. Per guidelines, 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.