

<b>Case Number:</b>	CM14-0033112		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/03/1990
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & Rehabilitation 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 74-year-old male who reported an injury on 10/03/1990. The mechanism of injury was not provided. The diagnosis included spinal stenosis. The documentation of 01/07/2014 revealed the injured worker had complaints of neck pain extending into the shoulders, elbows, wrists, and hands and low back pain extending into the hips, buttocks, and legs. Objective findings revealed the injured worker had a positive straight leg raise bilaterally at 80 degrees and limited horizontal torsion and lateral bend in the cervical and lumbar spine with visible spasms. The documentation of 01/17/2014 revealed an appeal for the denial of TENS supplies and chiropractic treatment. It was indicated that the injured worker had degenerative disc disease of the cervical and lumbar spine with significant benefit from chiropractic treatment twice a month for 12 months. The injured worker's spouse wrote a letter dated 02/06/2014, which revealed the injured worker was utilizing a TENS unit daily and he woke up 5 to 6 times a night as the pain was unbearable. It indicated the injured worker had to take more medicine to get back to sleep. The documentation of 02/03/2014 per the physician indicated the injured worker had constant pain ranging from moderate to occasionally severe and the Doctor of Chiropractic indicated that the conservative chiropractic care improved his objective findings. It was indicated the injured worker had the treatment that gave him relief and helped him where maximum therapeutic benefit continued to be achieved. The injured worker indicated years of medications, TENS units and chiropractic care every 2 to 4 weeks helped keep him at his best therapeutic level. The treatment plan included TENS pads, a 3-month supply with vest pads, double sided as well as a replacement for the gel collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 CHIROPRACTIC TREATMENTS:** Upheld

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

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

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. There was a lack of documentation indicating the quantity of sessions the injured worker had participating in and the functional benefit that was received. It was indicating the injured worker received 24 sessions a year for many years. The request as submitted failed to indicate the body part to be treated. The request for 24 visits of chiropractic treatment exceeds the 18 recommended total visits. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request for 24 Chiropractic treatments is not medically necessary and appropriate.