

<b>Case Number:</b>	CM14-0037200		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Chiropractor and Acupuncture 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 51-year-old male with a reported date of injury on 01/17/2013. The injury reportedly occurred when the injured worker was washing dishes and fell backwards, and hit his head against a sink. His diagnoses were noted to include status post nontraumatic head injury with intracranial bleed, post-traumatic headaches, dizziness and disequilibrium, cervical sprain, cervical radiculopathy, lumbosacral sprain, possible disc lesion, post concussion syndrome, and post-traumatic mixed hearing loss to the right side. His previous treatments were noted to include physical therapy, medications, home exercise program, and a canalith repositioning maneuver. The physical therapy note dated 11/25/2013 revealed the injured worker complained of pain at 8/10 and still needed help with dressing. The lumbar range of motion was noted to be flexion 15 degrees and extension 15 degrees. The progress note dated 11/26/2013 revealed the injured worker complained of back pain rated 8/10 and it was spreading to his hips. The neck pain was rated 7/10 with stiffness and difficulty turning. The physical examination revealed diffuse tenderness over the lumbosacral region and sacroiliac joints, right more than left. There was hypertonicity and guarding with identifiable localized muscle spasm over the lumbar paraspinals, gluteus, and piriformis bilaterally. The lumbar range of motion was restricted with flexion to 50%, extension to 30% and there was tenderness and diffuse myofascial pain in the posterior cervical paraspinals, trapezius, and the cervical range of motion showed restrictions with flexion to 30 degrees, extension to 30 degrees, left lateral rotation to 35 degrees, and right rotation to 25 degrees. There was no weakness to the facial muscles and sensation appeared intact on the face, and the motor examination showed mild weakness of the right deltoid. The request for authorization form dated 01/16/2014 is for chiropractic treatment times 8 visits to the cervical and lumbar region to see if it will help with decreasing pain and improving mobility.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(8) sessions of chiropractic treatments (1 time a week for 8 weeks) for the head, cervical and lumbar spine:** 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.

**Decision rationale:** The request for 8 sessions of chiropractic treatments (1 time a week for 8 weeks) for the head, cervical and lumbar spine is non-certified. The injured worker has received previous physical therapy treatments with objective functional improvement. The California Chronic Pain Medical Treatment 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 and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back, a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The injured worker has shown objective functional improvement with previous physical therapy visits; however, the request for 8 sessions of chiropractic treatment exceeds the guideline recommendations of a trial of 6 visits over 2 weeks. Therefore, the request is not medically necessary.