

<b>Case Number:</b>	CM14-0038354		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Chiropractic 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 48-year-old male who reported an injury 02/09/1988. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2004, indicated diagnoses of thoracic spine myoligamentous injury, lumbar spine myoligamentous injury, and cervical spine myoligamentous injury, rule out herniated nucleus pulposus. The injured worker reported back pain between the shoulder blades that was constant, aching, and increased with prolonged sitting or standing and improved with treatment. The injured worker reported bilateral foot and ankle pain associated with prolonged standing. The injured worker reported neck pain with occasional numbness and tingling into the left hand. On physical examination of the cervical spine range of motion revealed flexion of 45, extension of 50, left lateral flexion and right lateral flexion of 35, left rotation of 70 and right rotation of 80. The injured worker had tenderness and spasms in the spinous process and paravertebral muscles and the upper trapezius muscles on the right. On the cervical distraction test, maximal foraminal compression, and shoulder depression, the injured worker was positive bilaterally. The thoracolumbar spine examination revealed tenderness and paraspinal spasms bilaterally. The injured worker's lumbar spine range of motion revealed flexion of 60, extension of 20, left and right lateral flexion of 30, and left right rotation of 30. The injured worker's Kemp's and Milgram's tests were positive on bilaterally. The injured worker's prior treatments included diagnostic imaging, physical therapy, chiropractic therapy, and medication management. The provider submitted request for additional chiropractic sessions times 6 visits. The Request for Authorization dated 04/14/2014 was submitted for chiropractic treatments. However, a 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 x 6 Visits: 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 CA 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 submitted indicating the injured worker's prior course of chiropractic therapy including number of sessions and efficacy of the prior therapy. In addition, the provider did not specify what body part the chiropractor therapy was indicated for. Therefore, per the CA MTUS guidelines, the request for Additional Chiropractic Sessions x 6 Visits is not medically necessary.