

<b>Case Number:</b>	CM14-0049049		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 55-year-old female who reported an injury on 12/30/2009 which reportedly occurred while working as a firefighter, when she was pulling material from an attic during a 2-alarm fire. She is diagnosed with cervical strain/cervical disc disease, thoracic strain/T7 vertebral lesion, right shoulder arthropathy/SLAP tear, and left shoulder impingement/arthropathy/type I SLAP lesion. The injured worker reports increased pain of an unknown nature with no level of pain per pain scale reported. The condition has reached permanent and stationary status. The injured worker has not returned to work. The injured worker has been on conservative care including chiropractic care since the beginning of her injury and receives Percocet, Norco, Flexeril, and Motrin. On the injured worker's last visit with her physician on 02/25/2014, the physician noted no improvement in pain scale or response to conservative care to date and requested an additional eight chiropractic visits for cervical pain and stiffness as the rationale. The Request for Authorization Form was signed 02/25/2014 for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic visits for cervical pain and stiffness.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8 Industrial Relations Division 1 Department of Industrial Relations.

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

**Decision rationale:** The request for eight chiropractic visits for cervical pain and stiffness is non-certified. California MTUS Guidelines for manual therapy recommends this modality 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 the joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The injured worker has not been diagnosed with a musculoskeletal condition. The injured worker has not shown a progression in level of pain. The injured worker has received six sessions of chiropractic care prior to this request for eight additional chiropractic visits. Subjectively, her pain levels remain the same making it difficult at this time for the physician to put into play a return to work form even with stipulations on that return. Since there is no change in condition nor is there a diagnosis where the injury is caused by musculoskeletal conditions, the request is not medically necessary.