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| <b>Case Number:</b>   | CM14-0052183 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 06/13/2005 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2014 |

### 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 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 claimant is a 64-year-old female who was involved in a work injury on 6/13/2005 in which she injured her neck and back. The claimant saw the treating physician for the diagnoses of cervical intervertebral disc disorder without myelopathy, thoracic sprain/strain, lumbar sprain/strain, and shoulder sprain/strain. The claimant was prescribed medication by the associate provider. On 12/12/2013 the treating physician and his associate, evaluated the claimant for complaints of right ankle, neck, upper back, lower back, bilateral shoulder and bilateral wrist/hand pain. The recommendation was for a cervical epidural injection per the treating physician and chiropractic treatment at one time per week for 12 weeks. On 3/6/2014 the claimant was reevaluated by the associate provider. The claimant continued to note neck, upper back, lower back, bilateral shoulder, bilateral wrist, and right knee/ankle pain. The report indicated that the claimant is interested in surgical treatment for her neck. The recommendation was for cervical epidural injections per the treating physician and chiropractic treatment at one time per week for 12 weeks. This request was denied by peer review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the Cervical and Lumbar Spine once a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Chiropractic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

**Decision rationale:** The medical necessity for the requested treatment at one time per week for 12 weeks was not established. The MTUS chronic pain treatment guidelines give the following recommendations for the low back, which is that it is recommended as an option. Therapeutic care has a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The elective maintenance care is not medically necessary. The requesting treatment at one time per week for 12 week suggest more elective or maintenance type care and as such is not supported for medical necessity. Moreover, it appears the claimant has undergone chiropractic treatment in the past that has failed to bring about functional improvement. This is borne out by the statement from the claimant that she is interested in surgery for the cervical spine. Therefore, the medical necessity for the requested chiropractic treatment at one time per week for 12 weeks was not established.