

<b>Case Number:</b>	CM14-0061093		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 a Licensed Chiropractor 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 59-year-old female patient with chronic neck and back pain, date of injury is 05/10/2012. Previous treatments include back support, medications, injections, acupuncture, chiropractic, physical therapy, TENS unit. Progress report dated 04/03/2014 by the treating doctor revealed patient complains of continuous constant sharp mid-back pain, 9/10 without medications and 6/10 with medication, left shoulder pain and constant low back pain rated 9/10 without medication. Cervical ROM was within normal limits, pain elicited with flexion and left rotation, mild tenderness at C4-7. Lumbar ROM was within normal limit with pain in flexion and extension, there was palpable tenderness to the lumbar spine. Shoulder ROM was within normal limits, +3 tenderness elicited in the rotator cuff. Diagnoses include lumbar myospasm, lumbar radiculitis, lumbar disc protrusion, thoracalgia, cervicalgia, cervical disc and rotator cuff syndrome. Treatment plan include continued chiropractic treatment twice a week for four weeks, acupuncture twice a week for 4 weeks, and orthopedic. The patient continue on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment twice a week for four weeks for the cervical, lumbar and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

**Decision rationale:** The patient presents with ongoing neck and back pain despite previous treatments with medications, injections, physical therapy, acupuncture and chiropractic. Reviewed of the available medical records indicates that the injured worker has had chiropractic treatment approximately once a week and has completed at least 16 visits from 11/06/2013 to 03/14/2014. However, there is no evidence of objective functional improvement, the patient still complains of ongoing neck pain, mid-back pain and low back pain that rated at 9/10, and she continue to be on temporary total disability. Based on the guidelines cited, the request for additional eight chiropractic treatments for the cervical, lumbar, and thoracic spine is not medically necessary.