

<b>Case Number:</b>	CM14-0065541		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/09/1996
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 75-year-old male with a 10/9/96 date of injury. At the time (4/15/14) of the request for authorization for therapy/chiro to neck & lower back, there is documentation of subjective (no improvement and does not feel PT is beneficial) and objective (gait is mildly antalgic) findings, current diagnoses (left shoulder joint pain, chronic neck pain, and chronic low back pain), and treatment to date (physical therapy). There is no documentation that 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy/chiro to neck & lower back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. California (MTUS) additionally supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of left shoulder joint pain, chronic neck pain, and chronic low back pain. In addition, there is documentation of chronic pain caused by musculoskeletal conditions. However, there is no documentation that 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. Therefore, based on guidelines and a review of the evidence, the request for therapy/chiro to neck & lower back is not medically necessary.