

<b>Case Number:</b>	CM14-0199130		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	01/07/1997
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 licensed in Chiropractor (DC), has a subspecialty in Acupuncture 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 47 year old female with a reported industrial injury on January 7, 1997, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on October 8, 2014 for follow-up visit with the chiropractor. The complaints included increased pain on her neck after heavy housework; the pain is constant and described as moderate pain, dull ache located in the neck and head. Also complains of increase in stiffness of the upper back and low back pain with stiffness. The physical exam revealed shoulder depressor continues to be positive bilaterally, Derifield leg test positive on the left, one inch short supine positive cervical, Kemp's test on the right changed from positive to normal. Cervical tilt demonstrated during prior visit had resolved, she demonstrates right head rotation, left thoracic posterior rotation and left pelvic posterior rotation, decreased range of motion which is noted as unchanged, muscle strength is noted as moderate weakness to left shoulder abductors and left hip abductors, neck disability index has increased from mild disability to moderate disability, and low back disability remains moderate disability. Tenderness continued to be found in the left lower back, right lower back, left thoracic spine, right thoracic spine, left and right cervical spine which was noted as increased from mild to moderate. The treatment plan is spinal adjustments and adjunctive therapy PRN for relief of complaints and to control dysfunctional movement contributing to chronicity of pain, reduce joint fixation, muscle spam/swelling and facilitate normal activity. The diagnostic studies are not provided. The medical treatment that was provided in notes included chiropractic sessions. The notes provided are for the dates December 6, 2013, February 3, 2014, March 27, 2014, August 21, 2014 and October 8, 2014. Diagnoses are Cervical Subluxation and Lumbar Subluxation. On November 12, 2014 the provider requested CMT, traction, mechanical 2-3 times a month on November 18, 2014 the Utilization

Review Modified- certify a single chiropractic treatment based on the American College of Occupational and Environmental Medicine (ACOEM).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CMT and mechanical traction 2-3 times per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 106, 111, 115, 265, 339, 369, Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional CMT and mechanical traction 2-3Xmonth which was modified to 1 chiropractic treatment by utilization review on 11/18/14. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Requested visits are not supported by cited guidelines as 1-2 visits every 4-6 months are supported for flare-ups. Per review of evidence and guidelines, additional CMT and mechanical traction 2-3Xmonth are not medically necessary.