

<b>Case Number:</b>	CM15-0006712		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Virginia  
 Certification(s)/Specialty: Chiropractor

### 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 62-year-old male who reported an injury on 09/15/1997 due to an unspecified mechanism of injury. The injured worker reportedly sustained an injury to his cervical and thoracic spine and bilateral shoulders. The injured worker's treatment history included pain management, multiple medications, physical therapy, and chiropractic care. The injured worker's diagnoses included neck pain, headaches, thoracic pain, and bilateral shoulder pain. The injured worker was evaluated on 12/03/2014. It was documented that the injured worker had decreased range of motion of the thoracic spine. It was documented that the injured worker also had a positive cervical compression test and a positive shoulder compression test. The injured worker's treatment plan included chiropractic care and massage therapy. A Request for Authorization was not submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic treatment for the thoracic spine (upper-mid back), 4 visits, as an out-patient.:** 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 and Manipulation Page(s): 58.

**Decision rationale:** The requested 4 chiropractic treatments for the thoracic spine (upper-mid back), 4 visits, as an outpatient are not medically necessary or appropriate. The clinical documentation submitted for review did indicate that the injured worker had previously received chiropractic treatment in 2012. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic care for acute exacerbations of chronic pain when return to work is achieved. The request exceeds this recommendation. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation did not clearly indicate the effectiveness of prior chiropractic care. As such, the requested 4 chiropractic treatments for the thoracic spine (upper-mid back), 4 visits, as an outpatient are not medically necessary or appropriate.

**4 Chiropractic treatment for the cervical spine (neck), 4 visits, as an out-patient:** 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 and Manipulation Page(s): 58.

**Decision rationale:** The requested 4 chiropractic treatments for the cervical spine (neck), 4 visits, as an outpatient are not medically necessary or appropriate. The clinical documentation submitted for review did indicate that the injured worker had previously received chiropractic treatment in 2012. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic care for acute exacerbations of chronic pain when return to work is achieved. The request exceeds this recommendation. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation did not clearly indicate the effectiveness of prior chiropractic care. As such, the requested 4 chiropractic treatments for the cervical spine (neck), 4 visits, as an outpatient are not medically necessary or appropriate.