

<b>Case Number:</b>	CM15-0006922		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<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: California  
 Certification(s)/Specialty: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old woman sustained an industrial injury on 5/27/2009. The mechanism of injury was not detailed. Current diagnoses include residual musculoligamentous cervical subscapular, shoulder, and lower back strains with a history of fibromyalgia. Evaluations include EMG/NCV, cervical spine MRIs, and lumbar spine MRI. Treatments have included oral medications and acupuncture. Physicain notes dated 12/3/2014 show complaints of neck and low back pain. There are also some sensation and strength deficits noted. Past radiological testing was reviewed. Recommendations include refill of medications, and continued treatments including TENS unit use, chiropractic therapy which she is seeking on her own, and home exercise program. A request for cervical and lumbar steroid injections are currently pending. On 12/16/2014, Utilization Review evaluated a prescription for 12 initial outpatient chiropractic therapy sessions distributed as two sessions per week for six weeks for the management of fibromyalgia, that was submitted on 12/19/2014. The UR physician noted that there is no documented physical examination to support the request. Further, chiropractic therapy is not thought to be a viable option five and a half years post injury. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58. Decision based on Non-MTUS Citation Neck & Upper Back and Low Back Chapters

**Decision rationale:** The patient has not received chiropractic care for her current injuries. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Neck & Upper back and Low back Chapters state that Manual therapy and manipulation is "recommended". The patient has been diagnosed with cervical and lumbar radiculopathy and neck and lumbar sprain/strain. Since the patient has never had chiropractic care there are no prior evidence to examine for treatment efficacy. Therefore, per MTUS and ODG a trial of chiropractic care is warranted. The MTUS and ODG Low Back, Neck and Upper Back Chapters recommends a trial of chiropractic "6 visits over 2 weeks." The current SB863 regulations place the cap for chiropractic care at 24 sessions. The patient has not received any chiropractic care in the past. Given these circumstances I find that the request for an initial 12 chiropractic sessions to the neck and lower back to be medically necessary and appropriate at this time.