

<b>Case Number:</b>	CM15-0053640		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 55 year old male, who sustained an industrial injury on May 6, 2009. The injured worker reported neck, left shoulder, left arm, mid back and low back injuries. The diagnoses have included cervical spines/strain, lumbar spine sprain/strain, lumbar spine degenerative disc disease and lumbago. Treatment to date has included medications, radiological studies, acupuncture therapy, physical therapy, left shoulder surgery and back surgery. Most current documentation dated February 9, 2015 did not have subjective or objective finding noted. Documentation dated February 9, 2015 notes that the injured worker reported continued left shoulder pain rate a four out of ten on the visual analogue scale. He also reported that his current pain medication regime was helping with the pain. The injured worker was noted to not have any functional change since the prior visit. No Physical examination was provided. The treating physician's plan of care included a request for chiropractic treatments # 12 to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulative therapy 3 times a week for 4 weeks for the cervical spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, "Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The claimant presented with chronic neck, back, and left shoulder pain. While there are no objective findings and functional deficits documented for the neck and back in the progress report dated 02/09/2015, the request for 12 chiropractic manipulative therapy visits also exceeded MTUS guidelines recommendation. Therefore, without first achieving evidences of objective functional improvement in the 6 trial visits, the request for 12 visits is not medically necessary.