

<b>Case Number:</b>	CM15-0083817		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 59 year old male with an industrial injury dated 6/12/2014. The injured worker's diagnoses include cervical pain, shoulder pain, low back pain and knee pain.

Treatment consisted of diagnostic studies, prescribed medications, 24 chiropractic treatments and periodic follow up visits. In a progress note dated 4/07/2015, the injured worker reported neck pain, low back pain and right knee pain. Objective findings revealed cervical spine pain with decrease range of motion and positive Kemp test. Several documents included in the submitted medical records are difficult to decipher. The treating physician prescribed services for 12 additional outpatient chiropractic therapy for the lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional outpatient chiropractic therapy for the cervical spine, 2 sessions per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-  
[http://www.acoempracguides.org/Cervical and Thoracic Spine](http://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine), Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** 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 ongoing pain in the neck and low back despite previous treatments with medications and chiropractic. Current evidences based MTUS guidelines recommended up to 18 chiropractic visits if there are evidences of objective functional improvement. In this case, the claimant has completed 24 chiropractic visits, yet continues to have ongoing pain. Based on the guidelines cited, the request for additional 12 chiropractic visits exceeded the guidelines recommendation, and is not medically necessary.