

<b>Case Number:</b>	CM14-0121917		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/27/1984
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Chiropractic and is licensed to practice in Texas. 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 66-year-old male who reported an injury on 11/27/1984 due to an unspecified mechanism of injury. The injured worker complained of neck, upper back, and lower back pain. The diagnoses included cervical segmental dysfunction, thoracic segmental dysfunction, lower back syndrome, lumbalgia, and degenerative lumbar. Past treatments included a long history of chiropractic therapy, a home exercise program, ice, and heat. The injured worker rated his pain a 5/10 using the VAS. No diagnostics available for review. No medication available for review. The objective findings dated 06/10/2014 through 06/25/2014 revealed examination findings were moderately elevated over his permanent and stationary exam. The examination revealed pain, muscle spasm, fixation in the cervical, dorsal, and lumbar spine bilaterally on palpation. Dorsal lumbar range of motion was restricted 20% over his P&S status in all planes. Following 2 treatments, he seemed to be back to his P&S status and at full functional capacity with increased range of motion, less pain, and negative straight leg raise. The treatment plan included chiropractic therapy. The Request for Authorization dated 09/24/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective chiropractic services 06/10/2014 thru 06/25/2014:** 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 Physical Medicine Page(s): 58.

**Decision rationale:** The request for retrospective chiropractic services, 06/10/214 through 06/25/2014, is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic and objective measureable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. The documentation indicated that the injured worker has been seeking chiropractic care since 05/2011 with multiple visits for flare-ups. The guidelines indicate up to 18 visits. The injured worker has been having visits since 2011. The request for additional sessions would exceed the guideline recommendations. As such, the request is not medically necessary.