

<b>Case Number:</b>	CM14-0128752		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 an 86-year-old individual with an original date of injury of 9/14/04. The mechanism of this industrial injury occurred when the patient slipped and fell. The patient has received physical therapy, knee braces, cane, wrist braces, hot packs, injections, rib belt, cervical collar, pain management, low back brace, medications, acupuncture and chiropractic treatments. There is no documented objective, functional improvement noted from the previous treatments and no report of a recent flare-up. The disputed issue is a request for 4 additional chiropractic treatments for the cervical and lumbar spine with adjunctive physiotherapies for the neck, shoulders and low back, with sessions 1 time a week for 4 weeks. An earlier Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic mobilization of the lumbar spine with adjunctive physiotherapies for the shoulders and low back 1 time a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical strain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter & Shoulder Chapter

**Decision rationale:** The California MTUS Guidelines does recommend chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks with evidence of objective, functional improvement. The patient has already received 60 chiropractic and physical therapy treatments, with insufficient documented objective, functional improvement or documented flare-up of the condition, to support additional treatment. The request is in excess of the Guidelines. Since the MTUS does not directly address cervical or shoulder chiropractic treatment, the ODG is utilized. The Official Disability Guidelines recommend chiropractic treatment for cervical and shoulder pain, but says it would not be advisable beyond 6 visits over 2-3 weeks if there is not clear objective, functional improvement. In this case, there is no documentation of objective, functional improvement. The request for 4 additional chiropractic treatments for the cervical and lumbar spine with adjunctive physiotherapies for the neck, shoulders and low back, with sessions 1 times a week for 4 weeks is not medically necessary.