

<b>Case Number:</b>	CM14-0160762		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/02/1983
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Acupuncture and is licensed to practice in California. 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 65 year old female who reported neck, mid back and low back pain from injury sustained on 02/20/83. Mechanism of injury was not documented in the provided medical records. MRI of the thoracic spine revealed disc extrusion at T3-4, T4-5 disc extrusion with no central canal stenosis and marginal osteophyte at T8-9. MRI of the cervical spine dated 01/10/11 revealed solid fusion between C4-6; degenerative spondylolisthesis 3mm or 20% displacement at C3-4 intervertebral disc. MRI of the lumbar spine dated 03/01/12 revealed degenerative spondylolisthesis at L3-4 and L4-5, disc protrusion at T12-L1, at L4-5 there is 5mm degenerative spondylolisthesis and 5mm posterior disc protrusion. Patient is diagnosed with failed back syndrome (Cervical); fibromyalgia/ myositis; degenerative disc disease of lumbar spine and spondylosis of thoracic spine. Patient has been treated with medial branch block, medication, lumbar spinal injection of opioid, anterior cervical discectomy and fusion of C5-6 in 1994, physical therapy and Chiropractic. Per medical notes dated 09/05/14, patient complains of chronic neck, thoracic and low back pain rated at 9/10. Pain is described as constant, sharp, aching and throbbing. Per medical notes dated 09/26/14, patient complains of neck, mid back and low back pain. Pain is rated at 10/10. Pain is described as constant, sharp, aching and throbbing. Examination revealed decreased range of motion and tenderness to palpation of the thoracic and lumbar spine paraspinal muscles. Medication notes document that Chiropractic helps to resolve flare-up, she had 2 chiropractic treatments in 2014. She has been awarded 20 sessions of which she has completed 11; it allows her to remain functional. Provider requested additional 12 chiropractic treatments. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Chiropractic therapy visits:** Upheld

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

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

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. 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 objectively measureable gain in functional improvement that facilitates 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. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 09/26/14, patient complains of neck, mid back and low back pain rated at 10/10. Per notes, chiropractic helps to resolve flare-ups, she was awarded 20 sessions of chiropractic treatments of which she has completed 11, Chiropractic allows her to remain functional. Provider requested additional 12 chiropractic treatments for flare-up. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, the twelve (12) Chiropractic therapy visits are not medically necessary and appropriate.