

<b>Case Number:</b>	CM14-0180049		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/07/2002
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Board Certified 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 70 year old female who reported neck, mid-back and low back pain from injury sustained on 06/07/02 while lifting storage boxes. There were no diagnostic imaging reports. The patient is diagnosed with non-allopathic lesion of cervical and thoracic spine; myalgia/myositis; back pain cervicgia; late effect of sprain/strain without tendon injury; and pain in limb (right bicep region). The patient has been treated with medication, therapy and chiropractic. Per medical notes dated 10/03/14, patient complains of neck pain which is slightly improved and is rated at 5/10. Pain is described as dull, radiating into anterior aspect of right upper arm bicep pain. She complains of upper back pain with slight improvement. Pain is rated at 5/10 and is described as burning and dull. She also complains of mid-back and low back pain which is slightly improved and is rated at 6/10. The patient's chronic neck and back injury is better managed recently. She attributes the chiropractic treatment with the improvement. She has improved tolerance for bending, stooping and lifting. Her pain is reduced and states overall her quality of life is better. Provider requested additional 2 treatments over 4-6 weeks on as-needed basis. 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:

**Two sessions of chiropractic therapy for treatment of cervical spine and lumbar spine:**  
Upheld

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

**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 states, "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 measurable gain in functional improvements 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 is 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: Time of procedure effect: 4-6 treatments; 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; and 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". The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 10/3/14, patient's chronic neck and back injury is better managed recently. She attributes the chiropractic treatment with the improvement. She has improved tolerance for bending, stooping and lifting. Her pain is reduced and states overall her quality of life is better. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Provider requested additional 2 treatments over 4-6 weeks on as-needed basis. MTUS guidelines do not recommend Chiropractic for maintenance care. Additionally, medical reports reveal little evidence of significant changes or improvement in findings. 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, this request is not medically necessary. Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 10/3/14, patient's chronic neck and back injury is better managed recently; she attributes the chiropractic treatment with the improvement. She has improved tolerance for bending, stooping and lifting; her pain is reduced and states overall her quality of life is better. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Provider requested additional 2 treatments over 4-6 weeks on as-needed basis. MTUS guidelines do not recommend Chiropractic for maintenance care. Additionally, 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, 2 Chiropractic visits are not medically necessary.