

<b>Case Number:</b>	CM14-0092015		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational Medicine 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 claimant was injured on 12/26/13. Chiropractic treatment for 12 visits is under review. She injured her neck and low back. She saw Dr. [REDACTED] on 05/09/14 and had pain in her upper and lower back with anxiety and insomnia. She reported therapy helped decrease her pain temporarily. Acupuncture aggravated her pain on occasion but helped to decrease it somewhat. She had tenderness and limited range of motion of the cervical and lumbar spines with intact sensation and reflexes. She was given medications and was awaiting an MRI. Continued chiropractic and acupuncture treatment were recommended. She has had 19 chiropractic treatments to date. She has been referred to pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment - 12 treatments (Cervical and Lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 92.

**Decision rationale:** The MTUS states: Manual therapy & manipulation may be 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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. In this case, the specific benefit that the claimant is receiving from chiropractic care is unclear. She has ongoing pain despite a course of chiropractic treatment for 19 visits and she has been referred to pain management. It is not clear whether she has been exercising in conjunction with this type of treatment. The anticipated benefit to her that is expected from continued chiropractic has not been described and none can be ascertained from the records. There is no clear evidence that additional chiropractic care is likely to provide her with significant or sustained benefit. The history and documentation do not objectively support the request for continued chiropractic visits x 12 for the cervical and lumbar spines. The medical necessity of 12 additional chiropractic visits has not been clearly demonstrated.