

<b>Case Number:</b>	CM14-0098705		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/21/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 9/21/02 date of injury. At the time (6/10/14) of the Decision for Chiropractic Care 2x4, there is documentation of subjective (chronic neck pain radiating to the right side of the head with numbness and tingling, and chronic low back pain radiating to the hips) and objective (tightness over the right upper trapezius) findings, current diagnoses (chronic pain syndrome, low back pain, neck pain, and shoulder pain), and treatment to date (medications). It cannot be determined if this is a request for initial or additional massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care 2 x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, low back pain, neck pain, and shoulder pain. However, given documentation of a 9/21/02 date of injury, where there would have been an opportunity to have had previous chiropractic therapy, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic Care 2x4 is not medically necessary.