

<b>Case Number:</b>	CM15-0113492		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/08/2001
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 53 year old female, who sustained an industrial injury on 4/8/01. The injured worker is diagnosed with thoracic and low back pain and myofascitis. Treatment to date has included heat therapy, medication, exercise and chiropractic therapy. Currently, the injured worker complains of headaches, shoulder, neck and back (upper, mid and lower) pain. The pain is constant. Sitting for greater than 30 minutes increases the pain. The injured worker reports improvement with medication, heat therapy, chiropractic therapy and exercising. A chiropractic exam dated 11/14/14 and 11/24/14 reveals decreased cervical and lumbar range of motion. A chiropractic appointment dated 12/22/14 notes ongoing lumbar sacral symptoms. A 2/4/15 note states the symptoms have increased without chiropractic care. The injured worker reports relief of symptoms with chiropractic adjustment and deep tissue massage. A note dated 5/29/15 states return to work, no restrictions. A request for chiropractic adjustment and deep tissue therapy once a month for three months is being sought to continue to provide the injured worker with pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic adjustment and deep tissue therapy once a month for three months:** 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 Page(s): 58-59.

**Decision rationale:** 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. 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. The claimant presented with flare-up of her chronic low back pain. Reviewed of the available medical records showed prior chiropractic treatments helped improved her symptoms. The claimant had 2 chiropractic visits in November 2014, one visit on 12/22/2014, and another visits on 02/04/2015. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visit every 4-6 months for flare-up, ongoing maintenance care is not recommended. Therefore, the request for monthly chiropractic visits for three months is not medically necessary.