

<b>Case Number:</b>	CM13-0003847		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This 43 old female sustained work related injuries on June 21, 2002. According to integrative summary report from February 8, 2013, the mechanism of injury involved accumulative trauma from working in a [REDACTED] as a probation officer. She subsequently complained of ongoing neck pain with right side neck pain radiating into her shoulders, shoulder blades, headaches and upper to mid back pain. She was diagnosed with cervical disk displacement, cervical/thoracic & lumbar/sacral myofascitis and lumbar disc degeneration. Treatment included diagnostic studies, prescribed medications, chiropractic treatments, pain program, home exercises and periodic follow up visits. On April 3, 2013, the primary treating physician documentation noted that the objective finding was a Magnetic Resonance Imaging (MRI) from August 24, 2009. The MRI revealed a narrow C3-C4 interspace involving a prominent posterior disc component that was thought to extrude inferiorly behind the C4 vertebral body from the interspace extending to the lower end of C4. Documentation also noted effacement of the adjacent anterior thecal sac with what appeared to be encroaching upon the cord. The neural foramina appear preserved. She was also noted to have tender cervical spine with multiple myospasms, surgical scars and her range of motion was absent. As of April 3, 2013, the injured worker remains on temporarily total disability. The treating physician prescribed services for 2 sessions of chiropractic treatments now under review. On July 9, 2013, Utilization Review evaluated the prescription for 2 sessions of chiropractic treatments requested on June 20, 2013. Upon review of the clinical information, UR noncertified the request for 2 chiropractic treatments for cervical spine noting the lack of supporting clinical evidence of long lasting functional improvement from prior treatments and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment: 2 sessions (cervical spine): 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 Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic treatment, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no clear indication of specific objective functional improvement from prior sessions to support ongoing use of this treatment. CA MTUS also supports up to 2 sessions to manage recurrences/flare-ups if there has been treatment success and return to work achieved in the past, but this has also not been clearly documented. In the absence of clarity regarding the above issues, the currently requested chiropractic treatment is not medically necessary.