

<b>Case Number:</b>	CM13-0009165		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 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 applicant has filed a claim for chronic neck and low back pain reportedly associated with cumulative trauma at work first claimed on July 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; three prior cervical spine surgeries; unspecified amounts of earlier manipulative treatment, per the claims administrator; and extensive periods of time off of work, on total temporary disability. A clinical progress note dated December 9, 2013 was notable for comments that the applicant reported persistent neck and upper back pain. The applicant was not working, it was stated. Multiple surgical incision lines were noted, well healed, about the cervical spine. The applicant was given a prescription for Neurontin and placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC- 2 SESSIONS (CERVICAL SPINE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support one to two sessions of chiropractic manipulative therapy in applicants with recurrences and/or flare ups of chronic musculoskeletal pain who have demonstrated treatment success with earlier manipulative treatment by achieving successful return to work status. In this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have effected a favorable response to earlier chiropractic manipulative therapy. It is further noted that, while pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support a general course of 24 sessions of manipulative therapy in applicants who achieve and/or maintain successful return to work status, in this case, however, the applicant has failed to return to her former work as probation officer [REDACTED]. The applicant's failure to return to work argues against the need to continue further manipulative treatment. Therefore, the request is not medically necessary, for all of the stated reasons.