

<b>Case Number:</b>	CM13-0012663		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	01/01/1997
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 61 year old female who reported injury on 01/01/1997. The mechanism of injury was not provided. The patient underwent a course of chiropractic treatment and felt it helped. The diagnosis was noted to include reflex sympathetic dystrophy upper limb and cervical spondylosis w/o myelopathy. There was a request made for chiropractic therapy, outpatient setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy, Outpatient setting:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter..

**Decision rationale:** The California MTUS guidelines address manual therapy, however, does not address it for the cervical neck. Per Official Disability Guidelines (ODG), the treatment for regional neck pain is 9 visits over 8 weeks. The clinical documentation submitted for review indicated per the progress report (PR-2), that the patient had improvement in function and had a

course of chiropractic treatment. The patient was noted to have 15 degrees of flexion and bilateral side bending of the cervical spine and 10 degrees of extension along with 40 degrees of bilateral rotation. There was noted to be moderate hypertonic paraspinal musculature. While it was noted that the patient had an "improvement in function" with the previous chiropractic care, there was a lack of objective documentation to support the improvement. Additionally, per the request, there was a lack of indications as to how many sessions were being requested. Given the above, the request for chiropractic therapy, outpatient setting is not medically necessary and appropriate.