

<b>Case Number:</b>	CM13-0024319		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Expert Reviewer is Licensed in Chiropractor 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 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 42 year old male who sustained work related injury on 10/23/2000. He suffers from chronic neck pain with associated headaches, mid back pain, and low back pain. Prior treatment included chiropractic adjustments of substantial benefit. The patient was seen once every 2-4 weeks except during flare ups when the patient would go in twice in one week. The patient received cervical epidural steroid injections and exercised. Medications taken were Norco, ibuprofen, Imitrex and Vicodin. Chiropractic therapy sessions x3 were requested and certified between 09/20/2013 and 11/26/2013, 4 chiropractic therapy sessions were noted between 12/20/2013 and 02/03/2014 requested and certified, and 14 chiropractic visits noted from 05/09/2013 to 12/27/2013. A clinic note by [REDACTED] indicates the patient presented with headaches which appeared to be cervicogenic, at least in part. The patient was noted to have exacerbation of his industrial related injury. Physical exam showed cervical spine range of motion limited throughout all planes of movement. He reported pain radiated into the right upper extremity typically not more distal than the elbow. Assessment was chronic multifactorial cervical pathology on an industrial basis. Plan was chiropractic treatment based on the patient's history and current examination findings. The intended goal of treatment was to improve joint motion, decrease muscular hypertonicity, decrease pain and improved tolerance for activities of daily living. The request is for 8 visits of chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient appears to have chronic neck and back pain associated with headaches. This patient was requested 8 sessions of chiropractic treatment for recent exacerbation of symptoms. As per CA MTUS, treatment beyond 4-6 visits should be documented with objective improvement in function. This patient has been treated with chiropractic treatment previously and there is no documentation of objective functional improvement resulted from prior chiropractic treatment. Thus, the request is non-certified. Please note that there is documentation that the chiropractic therapy sessions x3 were requested and certified between 09/20/2013 and 11/26/2013 and 4 chiropractic therapy sessions were requested and certified between 12/20/2013 and 02/03/2014.