

<b>Case Number:</b>	CM13-0030931		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 & Rehabilitation 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:

According to the records made available for review, this is a patient with a 7/11/12 date of injury. At the time (8/28/13) of request for authorization for additional chiropractic therapy treatment to the cervical spine for 12 sessions, there is documentation of subjective (flare of neck pain last few weeks, no radiculopathy) and objective (right paraspinal tenderness and spasm and pain on right lateral rotation) findings, current diagnoses (cervical disc disease), and treatment to date (Ibuprofen, chiropractic therapy). The number of previous chiropractic treatments and whether the number of treatments has exceeded guidelines cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic treatment provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIROPRACTIC THERAPY TREATMENT TO THE CERVICAL SPINE FOR 12 SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical disc disease. In addition, given documentation of subjective (flare of neck pain last few weeks, no radiculopathy) and objective (right paraspinal tenderness and spasm and pain on right lateral rotation) findings, there is documentation of functional deficits and functional goals. Furthermore, there is documentation that the patient has had prior chiropractic treatment. However, the number of previous chiropractic treatments and whether the number of treatments has exceeded guidelines cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic treatment provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional chiropractic therapy treatment to the cervical spine for 12 sessions is not medically necessary.