

<b>Case Number:</b>	CM13-0035117		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 a licensed 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 least at 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 patient is a 53 year old female who sustained injuries to her low back, upper back and neck on 8/28/2013 in the course of working as a nurse's assistant. Current complaint as reported by the primary treating physician (PTP) is "pain on the left side of the neck." Patient has been treated with medications, home exercise program and physical therapy. The patient has not received any chiropractic care. There is no history of MRI, X-ray studies or EMG/NCV in the records provided and therefore it is unknown if they were performed. Diagnoses assigned by the PTP are cervical sprain. The PTP is requesting an initial trial of 6 chiropractic sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE TWO TIMES THREE WITH [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

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

**Decision rationale:** This is a chronic case with no history of prior chiropractic care. The patient has been treated with medication and physical therapy for her low back and neck complaints as

reported in the records provided. MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 state that manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. Given that this is a request for an initial trial of 6 sessions of chiropractic care to the cervical spine I find the request for 6 chiropractic sessions to be medically necessary and appropriate.