

<b>Case Number:</b>	CM13-0047187		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/1995
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 12, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy, per the claims administrator; and attorney representation. In a utilization review report of October 28, 2013, the claims administrator denied a request for additional chiropractic manipulative therapy, citing a lack of clear functional benefit with prior manipulation. A clinical progress note of October 11, 2013 is notable for comments that that applicant reports persistent neck pain, which is reportedly made more pronounced by her duties at work. Her neck pain has reportedly returned. Additional manipulation, massage, and ultrasound are sought. Four to six treatments are sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOUR TO SIX SESSIONS OS CHIROPRACTIC MANIPULATIVE THERAPY:** Upheld

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

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

**Decision rationale:** No, the proposed four to six sessions of chiropractic manipulative therapy are not medically necessary, medically appropriate or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended every four to six months in those applicant's who have recurrence and/or flare ups of pain and have achieved success with prior treatment as evinced by successful return to work. In this case, it does appear that the applicant has achieved a measure of treatment success by returning to work. However, the four- to six-session course endorsed by the attending provider is well in excess of the one- to two-session MTUS recommendation. Therefore, the request is not certified, on independent medical review.