

<b>Case Number:</b>	CM13-0068719		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/10/2004
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Chiropractic, 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:

The claimant is a 61-year-old female who was involved in a work injury on 11/10/2004 in which she injured her neck. The claimant underwent a course of physical therapy and was ultimately discharged from care. On 9/17/2012 the claimant was referred to the office of [REDACTED] for a course of chiropractic treatment. The claimant received a total of 10 treatments through 11/24/2012. The claimant received 5 additional treatments from 1/23/2013 through 4/9/2013. A review of these treatment notes reveals the same subjective complaints and objective findings on each date of service. On 11/7/2013 the claimant returned to the office of [REDACTED] complaining of neck in mid back pain that "remains the same intensity. Approximately 7/10." The recommendation was for continued spinal manipulation of the neck and therapeutic massage at 2 times per week for 3 weeks. This was modified to certify 1 treatment. The provider did not agree with this modification. The purpose of this review is to determine the medical necessity for the requested 6 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) visits, Chiro (2 x 3): 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:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." This employee underwent a course of chiropractic treatment with the treating physician from 9/17/2012 through 4/9/2013 with no evidence of improvement. In fact, each treatment note revealed nearly identical subjective complaints and objective findings on each date of service. Given the absence of improvement as a result of the previous course of treatment, MTUS guidelines would not support the requested 6 additional chiropractic treatments. Therefore, the medical necessity for the requested 6 chiropractic treatments was not established.