

<b>Case Number:</b>	CM14-0015881		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	08/21/2010
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 licensed 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:

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### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1-2 CHIROPRACTIC VISITS FOR THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 191.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 91, Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** It is my understanding, from reading the records that this patient has had 8 Chiropractic treatments as well as concurrent Acupuncture care to date. ACOEM guidelines, Chapter 8, page 191, regarding neck pain allow for physical manipulation for early neck pain.

This injury however is 3 ½ years old. As per the CA MTUS guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Additionally, guidelines indicate that "if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. This patient had previous chiropractic care with no sufficient evidence that the previous treatment resulted in any functional improvement. Therefore, the request for additional sessions of chiropractic treatment for the cervical spine is non-certified.