

<b>Case Number:</b>	CM14-0019445		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2014

### 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 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 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 60-year-old female who was involved in a work injury on 7/22/2003 in which she injured her neck. The claimant is currently under the care of [REDACTED], for complaints of chronic neck pain. On 9/3/2013 the claimant was evaluated by [REDACTED] for complaints of a flareup from April 2013. This report indicates that the claimant "was recently seen for a chiropractic visits with some benefit." Prior to this the claimant was previously seen on 7/30/2013. The claimant received 8 treatments through 10/3/2013 with pain levels decreasing from 5-6/10 to 4/10 on the visual analogue scale. On 10/3/2013 the claimant was reevaluated by [REDACTED], upon referral for additional chiropractic treatment by her primary treating physician, [REDACTED]. "The patient has been seen for treatments which she has completed as of today." The report further indicated that "the patient has benefited with treatment rendered or [sic]. Her symptoms are at VAS/10 which I feel will be her norm. The claimant was diagnosed with cervical spondylosis, cervical degenerative disc disease, and chronic cervical strain. On 1/21/2014 [REDACTED] reevaluated the claimant who "continues to experience constant neck pain that varies in intensity." The claimant was diagnosed with cervical spondylosis. The recommendation was for 8 additional chiropractic treatments to "manage an acute flare-up." This request was denied by peer review on 2/10/2014. The rationale was that there was "no current documentation of symptomatic or functional improvement from previous chiropractic sessions." The purpose of this review is to determine the medical necessity for the requested 8 additional chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC VISITS, QUANTITY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines 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." In this case, the requested 8 treatments exceed this guideline. Therefore, the request for eight chiropractic visits is not medically necessary and appropriate.