

<b>Case Number:</b>	CM14-0134412		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

The claimant is a 70-year-old female who was involved in a work injury on 12/12/2003 and which she injured her neck. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant's PTP is [REDACTED] for what she has she receives periodic evaluations. The claimant is also under the care of [REDACTED], for periodic treatment for neck pain. The claimant was diagnosed with cervical disc dysfunction, cervical disc degeneration, myofascitis, myalgia, and brachial neuritis. On 2/3/2014 the claimant returned to the office of [REDACTED] "with prescription from the PTP [REDACTED] for 6 sessions of chiropractic care. The left base of neck pain has become constant and slight-moderate." A request for 6 chiropractic treatments was submitted and authorized on 2/17/2014. On 7/14/2014 the claimant was reevaluated by [REDACTED]. It was noted that "patient has entered with mild increase in left sided neck pain with left arm numbness. Pain levels were noted to be 5/10 in the cervical spine and 6/10 in the thoracic spine. The claimant was diagnosed with degenerative disc disease of the cervical spine, myofascitis, and headaches. The recommendation was for a course of 6 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 6 Sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation 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." The requested 6 treatments are consistent with this guideline. The claimant presented to the provider's office on 7/14/2014 complaining of elevated neck and back pain. Given the clinical findings on the examination a course of treatment could be considered appropriate. Prior to this request the claimant was previously authorized 6 sessions in February 2014. The most recent examination indicates that the claimant has responded favorably to previous courses of chiropractic manipulation. Therefore, the requested 6 Chiropractic Treatments are medically necessary.