

<b>Case Number:</b>	CM14-0170657		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 licensed in Chiropractic & Acupuncture, 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:

Claimant is a 47 year old female who sustained a work related injury on 2/17/2001. Per a report dated 8/12/2005, the claimant has had extensive treatment including acupuncture, trigger point injections, epidural steroid injections, medial branch blocks, botox injections, myofascial muscle work, and two to three times a week of chiropractic treatment for years. The physician also noted that there was no report of improvement of symptomatology. After that report, the claimant has also had carpal tunnel surgery. Per a PR-2 dated 9/19/2014, the claimant is doing better with chiropractic adjustments but has noted some increase in tightness of her muscles due to stress with death in the family. She has completed eight sessions of chiropractic and noted significant improvement. Current medications afford more than 50% decrease of pain temporarily. Her diagnosis are carpal tunnel syndrome, myalgia, cervicgia, hypertension, anxiety, and foot anomalies. She is working with modifications. According to a patient progress form dated 9/3/14, the claimant feels that she subjectively feels 75-80% better when she was being adjusted but not without adjustments. There is no change in work restrictions from the prior PR-2s dated 7/9/14 or 3/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Chiropractic Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a recent trial of treatments with no clinically significant objective improvement demonstrated. There appear to be no changes with work restrictions and the claimant states the therapy does not have any lasting improvement. Therefore 8 Additional Chiropractic Visits are not medically necessary.