

<b>Case Number:</b>	CM14-0173678		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Board Certified in Chiropractic, has a subspecialty in 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 45 year old female who sustained a work related injury on 2/2/2006. Per a PR-2 dated 9/22/2014, the claimant has neck and low back pain that is unchanged. He has painful cervical spine range of motion, positive spurlings, and decreased sensation in the median nerve. His diagnoses are cervical brachial syndrome, cervicgia, and cervical/thoracic segmental dysfunction. Per a PR-2 dated 8/25/2014, the claimant has done two sessions of chiropractic last week but does not feel any relief. Seven sessions of chiropractic were rendered from 8/19/2014-9/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy three times a week for four weeks.:** 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 Manual Therapy & 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 may be necessary. The claimant had a trial of chiropractic and remains unchanged. Since there was no functional improvement, further chiropractic is not medically necessary.