

<b>Case Number:</b>	CM14-0022302		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/01/1998
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 patient is a 56 year old female who sustained a cumulative trauma injury to her neck on 2/1/1198. The PTP's progress report states that the subjective complaint is severe neck pain that comes and goes. The patient has been treated with medications, physical therapy, steroid injections, physiotherapy modalities and chiropractic care. An MRI and x-ray study revealed 1-2 mm broad based disc bulges at C4-5, C5-6 and C6-7. The diagnoses assigned by the PTP for the neck are cervical spondylosis and cervical disc disease. The PTP is requesting 6 additional sessions of chiropractic care to the neck for this current flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to neck, six additional visits.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter: Manipulation Section.

**Decision rationale:** This patient suffers from a chronic injury to her neck. The patient has received chiropractic care for this injury per the records provided for review. The MTUS ODG

recommends additional sessions of manipulation with evidence of objective functional improvement. There is no evidence of objective functional improvement with the previous care rendered. The PTP reports improvement of range of motion in the notes provided by 5 degrees. Pain levels are not documented. After 12 sessions of chiropractic care rendered from November to January the documented improvement has been minimal. The MTUS-Definitions page 1, defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment. The request for 6 chiropractic sessions to the neck is not medically necessary and appropriate.