

<b>Case Number:</b>	CM14-0029630		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 45-year old male who sustained an injury to his neck on 9/1/2009. The Primary Treating Physician's (PTP) progress report states that the subjective complaints are: neck pain and right side hip pain. A previous report from the specialty physician describes the chief complaints as continued neck pain radiating into the upper extremities with pain, paresthesia and numbness. Patient has been treated with medications, an epidural injection and chiropractic care. MRI and X-ray studies of the neck have not been documented on the progress reports available for review. Diagnosis assigned by the PTP for the neck is cervical disc disorder with myelopathy, sprains and strains of the neck and cervical disc displacement without myelopathy. The PTP is requesting 12 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:

**CHIRO 3X4 CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

**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 and Definitions Page 1.

**Decision rationale:** The MTUS, ODG Neck chapter, Manipulation Section recommends manipulation for the neck contingent upon evidence of objective functional improvement. MTUS states that objective functional improvement must be present and measured in order for additional care to be warranted. 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 given that the chiropractic treatment records do not exist in the records provided for review and objective functional improvement has not been demonstrated by the PTP in the records, and as indicated by MTUS, I find that the request for 12 chiropractic sessions to the cervical spine to not be medically necessary and appropriate.