

<b>Case Number:</b>	CM14-0033494		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/27/1999
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 injured worker is a 36 year old female with an original date of injury of 10/27/99. The mechanism of injury has not been discussed in the documents that I have received. Diagnoses included cervical, thoracic and lumbar sprains, headaches and pain radiating to the left leg. There are no current objective findings to indicate medical necessity for chiropractic care. The only apparent goal of the requested treatments is for temporary pain relief. There is no documented objective, functional improvement noted from previous chiropractic treatment. The disputed issue is a request for 8 chiropractic treatments to the cervical spine, as 2 times per month for 4 months. The request is for prophylactic chiropractic treatment to avoid increased symptoms to the cervical spine. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic therapy visits, two times four to the cervical spine, as an outpatient:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain. Table 2. Summary of Recommendations. Chronic Pain Disorders.

**Decision rationale:** The ACOEM Guidelines do not recommend prophylactic chiropractic treatment. In fact, there are no known medical treatment guidelines that would make such a recommendation. All such guidelines recommend additional chiropractic treatment only in the presence of documented objective, functional improvement. In this case, there has been temporary relief, but no long-standing improvement has been demonstrated. The request for 8 chiropractic treatments for the cervical spine is not medically necessary.