

<b>Case Number:</b>	CM14-0045128		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Services, has a subspecialty in Pediatric Chiropractic Services 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 66 year old male with an original date of injury of 4/9/12. The mechanism of injury occurred when the patient was struck in the face by a 30 inch long metal tube. The patient is on modified work status. The injured worker has undergone chiropractic treatments for these injuries. There is no documented evidence of objective, functional improvement with the previous chiropractic care. The disputed issue is a request for chiropractic treatments for 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 CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic Therapy to the cervical spine unspecified amount:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain. The initial trial recommended is 6 chiropractic visits. If prior

chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. The request for additional chiropractic treatments is not medically necessary and appropriate.

**Outpatient Massage Therapy to the cervical spine unspecified amount:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; regarding manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Massage therapy Page(s): 60.

**Decision rationale:** The CA Chronic Pain Treatment Guidelines recommend massage therapy as an option, when used as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. In this case, there has been no adjunct recommended treatment and there is no indication if there has been prior massage therapy. The request for massage therapy to the cervical spine is not medically necessary and appropriate.