

<b>Case Number:</b>	CM14-0048461		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/06/2002
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Medicine, 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 53-year-old who sustained an injury to her neck on August 6, 2002. The PTP's (primary treating physician's) progress report states that the subjective complaints are "right shoulder, upper arm and neck pain." Patient has been treated with medications, acupuncture, physical therapy and chiropractic care. MRI and X-ray studies of the neck have not been documented on the progress reports available for review, if any. Diagnoses assigned by the PTP for the neck are fibromyalgia/fibrocytis, neuritis and cervical mechanical disorder. The PTP is requesting 3 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 manual therapy, twice weekly for one week, then once in one week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 62.

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

**Decision rationale:** This patient suffers from a chronic injury to her neck and other regions. The MTUS ODG Neck chapter, Manipulation Section recommends additional care with evidence of objective functional improvement. The progress notes from the treating chiropractor document objective findings for the shoulder and upper extremity. Pain intensity and range of motion findings are not present for the cervical spine and are not documented on the progress notes. Objective functional improvement as defined by MTUS is not present for the cervical spine in the records provided for the past chiropractic care rendered. The request for chiropractic manual therapy, twice weekly for one week, then once in one week is not medically necessary or appropriate.