

<b>Case Number:</b>	CM14-0049784		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	03/28/2014
<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 Board Certified in Chiropractics 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:

According to the available medical records, this is a 69 year old female patient with chronic neck pain, date of injury is 08/01/2002. Previous treatments include cervical manipulation. There is no other treatment records available for review. Progress report dated 03/18/2014 by the treating doctor revealed patient with complains of moderate flare of her neck pain and headaches that described as slight, mild neck and bilateral stiffness and daily moderate headaches. Physical exam noted positive left and right shoulder depression tests, decreased cervical extension at 35 degrees, left lateral flexion at 50 degree and left rotation at 50 degrees, segmental dysfunction at C6-7 and T4-5. Diagnoses include chronic effects of cervical and upper thoracic sp/st, cervical and thoracic segmental dysfunction. The patient is currently working for a new employer at full capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 X Wk X 4 Wks Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Page: 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 58-59.

**Decision rationale:** The patient presents with a recent flare up of her chronic neck pain. While the doctor report that the patient has positive experiences with previous cervical manipulation, the request for 8 chiropractic manipulation exceeded the current MTUS guideline recommendation of 1-2 visits every 4-6 months for flares up. Therefore, it is not medically necessary.