

<b>Case Number:</b>	CM14-0056411		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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:

Claimant is a 68 year old female who sustained a work related injury on 5/31/2013. According to a prior UR review, the claimant has completed 12 chiropractic sessions from 1/13/14 to 3/25/14. She also had 9 sessions of chiropractic in 2013. Per a PR-2 dated 5/19/2014, the claimant is doing better with chiropractic. She has minimal pain and discomfort. Her diagnoses are cervical herniated nucleus pulposus and right carpal tunnel syndrome. Per a PR-2 dated 4/21/2014, the claimant is getting chiropractic treatment. She has continued neck spasms, but she has increased range of motion, and activities of daily living and decreased spasms, tenderness, and use of medications. Per a PR-2 dated 3/17/2014, chiropractic treatment is helping about 60% and the claimant's neck and muscle tightness has subsided. There is decreased muscle spasms, increased 50% range of motion and activities of daily living. Other treatment has included physical therapy, acupuncture, and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Chiropractic Sessions for the Cervical Spine: Upheld**

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

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

**Decision rationale:** It is unclear how many total chiropractic sessions have been rendered. The claimant had 21 sessions prior to 3/25/14. Progress reports after that date still reference the claimant's continuing improvement from chiropractic care. It is very likely that the claimant has exceeded the 24 visit maximum for chiropractic care. 12 more chiropractic visits definitely exceeds the 24 visit maximum and is not medically necessary.