

<b>Case Number:</b>	CM14-0078998		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/06/1980
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 75 year old individual with an original date of injury of 10/6/80. Diagnoses include lumbar pain, lumbosacral pain, sacroiliac pain and right hip pain. The injured worker has previously undergone approved chiropractic treatments; however no records from those treatments have been included. There is no documented objective, functional improvement. The disputed issue is a request for 6 additional 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 and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of chiropractic therapy to the cervical spine as two sessions per week for two weeks, then one session per week for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter. Regional Neck Pain.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The Official Disability Guidelines allow up to 18 visits over 6-8 weeks, but urge to avoid chronicity. The injured worker has previously undergone approved chiropractic treatments; however no records from those treatments have been included. There is no documented objective, functional improvement. Therefore, the request for 6 sessions of chiropractic therapy to the cervical spine as 2 sessions per week for 2 weeks, then 1 session per week for 2 weeks is not medically necessary and appropriate.