

<b>Case Number:</b>	CM14-0187730		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 a licensed Chiropractor and Acupuncturist 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 41 year old female who reported neck pain from injury sustained on 12/20/08 due to a slip and fall. The patient is diagnosed with cervicalgia, arthropathy of cervical facet joint, brachial neuritis and degenerative disc disease. She has been treated with medication. Per medical notes dated 09/19/14, the patient complains of neck pain and impaired range of motion. Symptoms are located in the right posterior neck and right lateral neck. The Pain radiates to right shoulder and right arm and is described as aching and stinging. Per medical notes dated 11/13/14, patient complains of neck pain. Symptoms occur constantly and daily. Symptoms are moderate in severity and unchanged. Symptoms are exacerbated by use of right arm and neck extension. Provider requested initial trial of 24 chiropractic treatment for cervical spine which was modified to 6 treatments by the utilization review on 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Chiropractic treatments for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient has not had prior chiropractic treatments. The provider requested initial trial of 24 chiropractic treatment for cervical spine which was modified to 6 treatments by the utilization review on 10/16/14. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, the 24 Chiropractic visits are not medically necessary.