

<b>Case Number:</b>	CM14-0193396		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/20/1997
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 an 82 year old female who suffered injuries to her wrists and neck and on 3/20/1997 while sitting in a chair while at work, per the records provided. The chief complaints are reported by the PTP's progress report as neck pain with radiation of pain down both shoulders and pain and swelling in both hands. The patient has been treated with medications, physical therapy and chiropractic care. The diagnoses assigned by the PTP are neck pain and right/left wrist pain. Diagnostic imaging studies are not provided for review. The PTP is requesting 5 sessions of chiropractic care to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1 x wk x 5 wks cervical:** Upheld

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

**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; MTUS Definitions page 1.

**Decision rationale:** This chronic injury case involves injuries to the wrists and neck for an 82 year old female. The requested treatment is to the cervical spine only. The MTUS ODG Neck &

Upper back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." There is no evidence of objective functional measurable gains in the progress reports of the treating chiropractor which have been provided for review. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The requested number of sessions for flare-ups exceed those recommended by The MTUS (1-2). I find that the 5 Chiropractic Sessions requested to the cervical spine is not medically necessary.