

<b>Case Number:</b>	CM14-0202479		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male worker was injured on 04/15/2014 while being employed. On physicians progress report dated 10/30/2014 he complained of intermittent moderated sharp neck pain and stiffness radiating to right upper extremity with numbness and tingling. On examination of cervical spine he was noted to have a decrease of range of motion, tenderness to palpation of the bilateral upper trapezii and cervical paravertebral muscles, muscle spasm of the paravertebral muscle and shoulder depression causes pain bilaterally. Diagnoses were cervical radiculopathy and cervical sprain/strain. Documentation supports past physical therapy sessions. Treatment plan included chiropractic therapy, physical therapy, and acupuncture to increase range of motion and decrease pain/spasm. The Utilization Review dated 11/14/2014 modified the request for Chiropractic 2xWk x 4 Wks. Neck as not medically necessary to Chiropractic 2xWk x 3 Wks. Neck. The reviewing physician referred to CA MTUS Guidelines Chronic Pain Medical Treatment Guidelines for recommendations, guidelines do support a trail of chiropractic therapy of six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xWk x 4Wks for the Neck: 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 Neck & Upper Back Chapter Page(s): Manipulation Section. Decision based on Non-MTUS Citation Neck & Upper Back Chapter

**Decision rationale:** This patient suffers from a chronic injury to his neck. The patient has not received any chiropractic care in the past for the neck injury per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Neck Chapter recommend a trial of manipulative therapy, 6 sessions over 2 weeks. The PTP has requested a trial of 8 sessions of chiropractic care to the neck. The UR department has approved 6 sessions as recommended by The MTUS. Given that this is a trial run of 6 sessions and as indicated by The MTUS I find that the request for a trial of 8 chiropractic sessions to the cervical spine to not be medically necessary and appropriate.