

<b>Case Number:</b>	CM14-0204104		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Chiropractor (DC) 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:

According to the records made available for review, the injured worker is a 34 year-old female with a date of injury of 10/04/2013. The results of the injury include headaches and pain in the neck, back, and extremities. Diagnoses include headaches/facial contusion and musculoskeletal injuries. Diagnostic studies were not submitted for review. Treatments have included medications and chiropractic sessions. A progress note from the treating physician, dated 10/06/2014, documented a consultation with the injured worker. The injured worker reported pressure-type headaches; numbness and discomfort in the right face; and musculoskeletal symptoms in the neck, back, and extremities. Objective findings included unremarkable assessments of the cranial nerves, motor examination, sensory examination, deep tendon reflexes, coordination, and gait and station. The diagnoses assigned by the PTP are headaches/facial contusion and musculoskeletal injuries. The PTP is requesting 2-3 sessions of chiropractic treatment, physiotherapy and kinetic activities per week for six (6) weeks to unspecified body regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, physiotherapy, kinetic activities two to three (2-3) times per week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**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 and Shoulder Chapters, manipulation Sections; MTUS Definitions Page 1.

**Decision rationale:** The patient has received some chiropractic care per the records provided however, the number of treatments is not clear. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. The body regions to which the chiropractic care is being requested are not specified by the PTP. 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 MTUS ODG Neck and Shoulder Chapters recommend for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care. The number of treatment sessions requested far exceeds the MTUS recommendation. I find that the 2-3 sessions of chiropractic treatment, physiotherapy and kinetic activities per week for six (6) weeks to unspecified body regions to not be medically necessary and appropriate.