

<b>Case Number:</b>	CM14-0204445		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/06/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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:

This female worker was injured 09/06/2010 while employed. On provider visit 11/17/2014 she complained of neck pain, upper back pain, mid back pain, and left shoulder pain. She was noted to perform self-care, activity with modifications and home exercise to help maintain her condition. She has a history of an ablation procedure and receiving Botox injections for headaches. Per documentation her chiropractic treatment is part of her treatment plan to manage her self-care, and was noted to decrease her pain and improve functional tolerance for activity. During examination, she was noted to have a decrease in range of motion in cervical, thoracic spine, tenderness in left cervical paraspinal muscles and left medial scapular muscles. Her diagnoses were nonallopathic lesion of cervical region, myalgia and myositis, nonallopathic lesion of thoracic region, late effect of sprain & strain without tendon injury, cervicgia, head/neck symptom of a headache and disturbance of skin sensation. Documentation noted that chiropractic manipulation was performed to the cervical and thoracic spine. Electrical muscle stimulation was applied to help reduce muscular hypertonicity, pain and enhance circulation. Mechanical traction was applied to increase mobility and improve joint range of motion. Based on visit findings, one chiropractic treatment was prescribed with the treatment goals to improve global spinal range of motion and decrease pain by 25% and restore tolerance for activities daily living. Previous treatment plan included previous chiropractic treatments however, there was no evidence of measurable functional improvement noted in past chiropractic visits medical records, submitted for this review. The Utilization Review dated 11/25/2014 non-certified the request for Chiropractic 1 session for Cervical as not medically necessary. The reviewing physician referred to CA MTUS Chronic Pain Medical Treatment Guidelines for recommendations, stating without evidence of objective functional improvement in the first 6 visits, medical necessity was not established for additional care.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 1 session for cervical:** Upheld

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

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

**Decision rationale:** The claimant presented with ongoing pain in the neck, upper back, mid back and left shoulder. Previous treatments include medications, home exercises, chiropractic, and physiotherapy. Reviewed of the available medical records showed the claimant received chiropractic treatments on 05/30/2014, 07/14/2014, 08/11/2014, 10/03/2014, 10/17/2014, 11/03/2014, and 11/17/2014. There is no report of recent flares up, and maintenance care is not recommended by MTUS guidelines. Based on the guidelines cited, the request for chiropractic care is not medically necessary.