

<b>Case Number:</b>	CM14-0209150		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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:

The patient is a 56 year old female who sustained injuries to her neck and left upper extremity on 07/17/2009 while performing his usual and customary duties as a grocery store clerk. The mechanism of injury is not provided. Per the PTP's comprehensive report the patient "complains of increased cervical spine pain which she rates on a pain scaled 7-8/10. The pain is described as tightness and hurts to rotate." The patient has been treated with medications, epidural steroid injections, physical therapy and 18 sessions of chiropractic care. The diagnoses assigned by the PTP for the neck are cervical disc disease, and cervical radiculopathy. An MRI study of the cervical spine revealed multilevel spondylosis and disc degenerative change. The PTP is requesting 8 additional 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:

**Chiro 2 times a week for 4 weeks to neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation Section, Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

**Decision rationale:** The patient has received 18 sessions of chiropractic care for her cervical spine per the records provided. The ODG Neck and 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." The requested 8 sessions far exceed this recommendation. The records also indicate that objective functional improvement has not been achieved with the past chiropractic care rendered. 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. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.