

<b>Case Number:</b>	CM14-0098668		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Chiropractic therapy 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 54 year old male who sustained injuries to his neck, upper back, lower back, chest, ribs and right knee on 01/16/2013 while performing his usual and customary duties as a cabinet maker. The mechanism of injury consists of pulling plywood sheets. Per the PTP's first report of injury the patient "complains of neck, low back and right knee middle back, chest and lower ribs pain. The patient also complains of shortness of breath with any strenuous activity." The patient has been treated with medications, physical therapy and acupuncture. The patient has not received any chiropractic care for his cervical spine injury. The diagnosis assigned by the PTP for the neck is cervical spine sprain/strain. An MRI study of the thoracic spine has revealed a 2 mm disc bulge at T6-7. An MRI study of the cervical spine revealed 1-2 mm posterior disc bulges at C3-7 without evidence of central stenosis or neural foraminal narrowing. There are no records of MRI studies. The PTP is requesting 12 sessions of chiropractic care to the cervical spine. The UR department has modified the request and authorized 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment for The Cervical Spine 12 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Manipulation Section

**Decision rationale:** This patient suffers from a chronic injuries to numerous body parts. The PTP is requesting a trial of chiropractic care to the cervical spine only at this time. The MTUS Chronic Pain Medical Treatment Guidelines and MTUS ODG Neck and Upper Back Chapter recommend a trial of 6 sessions of manipulative therapy. The PTP's request for 12 sessions of chiropractic care as a trial run of care exceeds The MTUS recommendation of 6 sessions over 2 weeks. I find that the request for a trial of 12 chiropractic sessions to the cervical spine to not be medically necessary and appropriate.