

<b>Case Number:</b>	CM15-0000118		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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:

The injured worker is a 53-year-old female, with a reported date of injury of 01/06/2014. She has reported low back pain, and neck pain. The diagnoses have included cervical herniated nucleus pulposus. Treatments to date have included an MRI of the cervical spine on 02/05/2014, which showed degenerative disc disease, mild reversal of normal cervical lordosis, and disc bulges; and electrodiagnostic study of the bilateral upper extremities on 11/11/2014, which showed right median neuropathy in the right wrist, and suggestion of partial right ulnar to median motor anastomosis in the right hand. Currently, the injured worker complains of neck pain, which has slightly improved. It was noted that the injured worker had not been able to start physical therapy. The objective findings included positive Spurling's test; and stiffness. The treating physician documented chiropractic treatment for the lumbar spine two (2) times a week for six (6) weeks as part of the treatment plan. There was no mention of a request for chiropractic treatment for the cervical spine. On 12/17/2014, Utilization Review (UR) non-certified the request for twelve (12) initial chiropractic manipulation for the cervical spine, two (2) times a week for six (6) weeks. The UR physician noted that there was documentation that the chiropractic treatment was being recommended for the lumbar spine only. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation for the cervical spine twice a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 chronic injuries to her neck, knees and lower back. The PTP is requesting an initial trial of 12 sessions of chiropractic care to the neck. The patient has not received any chiropractic care in the past. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Neck Chapter recommends a trial of manipulative therapy, 6 sessions over 2 weeks. Additional sessions after that are recommended with evidence of objective functional improvement. The number of sessions requested in this case exceeds the number recommended by The MTUS Guidelines. I find that the request for a trial of 12 chiropractic sessions to not be medically necessary and appropriate.