

<b>Case Number:</b>	CM15-0002023		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Virginia

Certification(s)/Specialty: Chiropractor

### 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 32-year-old female who reported an injury on 02/07/2013. The mechanism of injury was not provided. Her diagnoses were noted as cervical disc syndrome, cervical radiculitis, paresthesias and limb pain. Her past treatments were noted to include medication, TENS unit, epidural steroid injection, chiropractic therapy, heat, ice, home exercise program and injections. Her diagnostic studies and surgical history were not provided. During the assessment on 12/09/2014, the injured worker complained of cervical spine and bilateral wrist and hand pain. The physical examination of the cervical spine revealed tenderness, spasm, decreased sensation at the left C5 and range of motion with flexion at 50% normal, extension of 40% normal, rotation at 40% normal and lateral tilt at 50% normal. A physical examination of the wrists and hands was noted to be unchanged. A current medication list was not provided. The treatment plan and rationale were not provided. The Request for Authorization form was dated 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 3 x 4:** Upheld

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

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

**Decision rationale:** The request for chiropractic therapy 3 x4 is not medically necessary. The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The request, as submitted, which part of the body the chiropractic treatment was being requested for, making it difficult to determine if the request exceeds guideline recommendations. Given the above, the request is not medically necessary.