

<b>Case Number:</b>	CM15-0009803		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/24/2002
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 39-year-old female who reported an injury on 04/24/2002, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her neck and mid back. The injured worker's treatment history included physical therapy, medications, and chiropractic care. The injured worker was evaluated on 12/09/2014. It was documented that the injured worker had muscle spasming of the cervical and thoracic paraspinal musculature, and bilateral trapezius musculature. The injured worker had reduced range of motion of the cervical spine, with decreased strength of the bilateral upper extremities. The injured worker's diagnoses included cervical sprain/strain, thoracic sprain/strain, and lumbosacral sprain/strain. The injured worker's treatment plan included specific spinal adjustment, myofascial release, and physical therapy. A Request for Authorization form was submitted on 01/07/2015, to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient three (3) chiropractic treatments to cervical and thoracic, consisting of spinal adjustment, myofascial release and physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Ann Intern Med. 2007;14 (7): 478

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The requested outpatient 3 chiropractic treatments to cervical and thoracic spine, consisting of spinal adjustment, myofascial release, and physical therapy are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic treatment for patients with acute exacerbations of chronic pain, if return to work is achieved. The clinical documentation does not provide any exceptional factors to support extending treatment beyond the 1 to 2 treatment recommendation. As such, the requested outpatient three (3) chiropractic treatments to cervical and thoracic, consisting of spinal adjustment, myofascial release, and physical therapy is not medically necessary or appropriate.