

<b>Case Number:</b>	CM15-0105620		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California

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 47 year old male who sustained a work related injury February 19, 1998, while in a car accident. According to a primary treating physician's progress report, dated April 3, 2015, the injured worker presented with complaints of constant, severe, moderate, neck pain, rated 9/10. The physician documents he has been experiencing flare-ups this past year. Physical examination of the cervical spine revealed tenderness to palpation with muscle spasms with limited range of motion; flexion 30/70 degrees, extension 10/60 degrees, right lateral flexion 30/60 degrees, left lateral flexion 20/50 degrees, right rotation 40/90 degrees, left rotation 30/90. Diagnoses are cervical disc syndrome; cervical and thoracic segmental dysfunction. Treatment plan included request for authorization for chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 4 visits including manipulation and massage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chiropractic guidelines, neck and upper back (acute and chronic).

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

**Decision rationale:** The claimant presented with ongoing neck pain despite monthly chiropractic treatments since October 2014. Reviewed of the available medical records showed the claimant has had chiropractic treatment 2 times a month from October 2014 to April 2015 (present), with no evidences of lasting functional improvement. Based on the guidelines cited, there is no functional improvement and ongoing maintenance care is not recommended by MTUS guidelines. Therefore, this request for additional 4 chiropractic visits is not medically necessary.