

<b>Case Number:</b>	CM15-0134922		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Minnesota  
 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 55 year old male, who sustained an industrial injury on December 17, 2014. The injured worker was diagnosed as having motor vehicle accident, whiplash associated disorder, cervical spine axial compression injury, moderate cervical spine strain and sprain injury, moderate cervicothoracic spine sprain and strain injury, bilateral shoulder strain injury, and cervical spine multilevel degenerative disc disease with spondylosis and bilateral intervertebral narrowing. Treatment and diagnostic studies to date has included x-rays and chiropractic therapy. In a progress note dated July 01, 2015 the treating chiropractor reports decreased range of motion to the cervical spine but notes improvement in range of motion from prior examination. The progress note also reveals cervical paraspinal muscle rigidity bilaterally with decreased motor strength. The treating chiropractor noted that the injured worker is doing well and notes functional and objective improvement. The treating physician requested six additional chiropractic visits for cervical spine but the treating chiropractic therapy did not indicate the specific reason for the requested therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic visits for cervical spine Qty: 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The patient has received 12 previous treatments of chiropractic for this flare-up. The doctor has requested 6 additional chiropractic visits for the cervical spine for an unspecified period of time without evidence of objective functional improvement. Therefore the requested treatment without documentation of objective functional improvement is not medically necessary and appropriate.