

<b>Case Number:</b>	CM15-0138397		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 46-year-old male, who sustained an industrial injury on 2-19-2015. Diagnoses include cervical spondylosis, lumbar spondylosis, cervical sprain, strain, and whiplash. Treatment to date has included prior chiropractic treatments and medications. Per the Primary Treating Physician's Progress Report dated 6-12-2015, the injured worker reported low back pain and headache. He has unfortunately regressed and is taking more pain medication since chiropractic rehabilitation was denied. His pain has increased and his activities of daily living have regressed. He also reports neck pain rated as 7 out of 10. Physical examination of the cervical spine revealed palpable twitch positive trigger points noted in the muscles of the head and neck specifically. There was pain noted upon extension of the cervical spine. There was painful left lateral rotation. Right lateral rotation was noted to be 20 degrees and painful. The plan of care included additional chiropractic treatment and authorization was requested for 12 chiropractic sessions for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic sessions, cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter - Physical therapy and chiropractic manipulations.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement(decrease opioid medications, Increase ROM, etc.), total of up to 18 visits over 6-8 weeks. The doctor has requested 12 chiropractic sessions for the cervical spine for an unspecified period of time. The documentation revealed a decrease in opioid medication with chiropractic care from a previous 6 chiropractic sessions and therefore the treatment is medically necessary and appropriate. This chiropractic care is now the maximum allowed (18) for this flare-up according to the above guidelines.