

<b>Case Number:</b>	CM15-0144470		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/01/1992
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2015

### 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, Oriental Medicine

### 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 65 year old male who sustained an industrial injury on 08-01-1992. Mechanism of injury was cumulative effects of multiple injuries, from long continuous repetitious-pushing up ceiling with weight in ceiling, and bending neck backwards repairing wiring. Diagnoses include chronic aggregated cervical strain, thoracic strain and myalgia. Treatment to date has included moist heat, chiropractic adjustments, Jeanie Rub massager, interferential therapy, ice, and stretching exercises. A physician progress note dated 05/20/2015 documents the injured worker complains of his left neck and upper back areas are very sore and feel irritated. He states "There is a lump at the apex of my neck and shoulder." He rates his pain as 2-3 out of 10. He uses moist heat and stretches, Theracane and self-massage. Cervical spine range of motion is limited and painful. Mid to lower cervical spine facets and upper thoracic facets are tender to palpation. Treatment requested is for chiropractic therapy, unknown number of visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, unknown number of visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of July 9, 2015 denied the treatment request for an additional course of Chiropractic care (number of visits unknown) to manage and unknown spinal or extremity regions citing CAMTUS Chronic Treatment Guidelines. Although the requesting provider had managed the patients cervical spine, the request for additional care did not address any prior functional gains with Chiropractic treatment, addresses the regions of requested treatment or the number of requested visits. The request for continuation of Chiropractic care was not provided in the reviewed records or comply with additional treatment prerequisites per CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.