

<b>Case Number:</b>	CM15-0146011		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 57 year old female, who sustained an industrial injury on 2-26-2014. Diagnoses include cervical sprain, lumbar radiculopathy and acute chemical conjunctivitis. Treatment to date has included diagnostics, acupuncture, chiropractic care (6 sessions), physical therapy and medications. Current medications include Voltaren gel. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported some improvement since the last exam with chiropractic care. Pain has decreased and she is able to walk for longer period of time. Physical examination of the cervical spine revealed tenderness to palpation with spasm of the paraspinal muscles. Range of motion testing revealed reduced flexion, extension and right rotation, examination of the lumbar spine revealed spasm and tenderness of the paraspinal muscles. Range of motion was within normal limits. The plan of care included additional chiropractic care and authorization was requested for 12 chiropractic care sessions for the cervical spine and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic care sessions for the cervical spine and thoracic spine: Upheld**

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

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

**Decision rationale:** Patient has had prior chiropractic treatments. Provider requested additional 12 chiropractic sessions for cervical and thoracic spine. Medical notes state the patient was able to walk for longer period of time and had decreased pain with Chiropractic. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however the requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and quantifiable manner. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.