

<b>Case Number:</b>	CM15-0166464		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/17/1983
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

This is a 55-year-old female who sustained an industrial injury on 08-17-1983. Diagnoses include cervical segment dysfunction. Previous treatments included medication. According to the progress notes dated 7-24-2015, the IW (injured worker) reported exacerbation of neck pain, described as constant and rated 9 out of 10. On examination, range of motion of the cervical spine was limited and painful in all planes. Right shoulder depression caused increased symptoms on the right and right Jackson's maneuver caused increased neck symptoms. The right SCM (sternocleidomastoid) and right trapezius were tender to palpation with hypertonicity. Abnormal static and motion palpation findings were noted at C2 and C6. A request was made for chiropractic once a week for six weeks for the cervical spine to restore normal mechanics, reduce pain and inflammation and increase elasticity of the muscles. Per a letter dated 8/25/15, it has been 8 months since her last chiropractic visit. She has responded well to care in the last 4 years and the provider requests care for her flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1 time a week for 6 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no functional improvement documented. The provider states there was prior benefit and a current flare-up, but there are no objective measures submitted. Therefore further chiropractic visits are not medically necessary.