

<b>Case Number:</b>	CM15-0168324		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Montana

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 43 year old male, who sustained an industrial injury on October 8, 2014, incurring mid and upper back injuries. He had no previous history related to his present complaints. Cervical Magnetic Resonance Imaging revealed degenerative joint disease and disc protrusion. He was diagnosed with a cervical sprain, cervical radiculopathy, cervical spondylosis, bilateral trapezia strains and bilateral thoracic back strains. Treatment included physical therapy, chiropractic sessions, anti-inflammatory drugs, pain medications, proton pump inhibitor, muscle relaxants, topical analgesic patches and activity restrictions. Therapy improved his functions but did not relieve his pain. The medications reduced the pain from 7 out of 10 to 3 out of 10 on a pain scale and improved his activities of daily living and sleep functions. Currently, the injured worker complained of constant stabbing, sharp neck pain with tension headaches. He was noted to have restricted range of cervical range of motion. The treatment plan that was requested for authorization on September 9, 2015, included nine chiropractic visits for the neck. On July 31, 2005, Utilization Review denied nine chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for the neck (9 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**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; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 9 chiropractic sessions for the neck which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of Chiropractic. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 9 Chiropractic visits are not medically necessary.