

<b>Case Number:</b>	CM15-0168640		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

he injured worker is a 39 year old female, who sustained an industrial injury on March 6, 2014. The injured worker was diagnosed as having pain in the thoracic spine, spasm of muscle, pain in joint involving the shoulder region, pain in her neck and cervicalgia. The injured worker reports continued pain in her cervical spine and right upper extremity. She has severe restriction in her neck range of motion. The injured worker has decreased sensation to the C6 and C7 nerve root distributions and diagnostic imaging reveals cervical disc degeneration and foraminal stenosis of C6 and C7. She has C6 and C7 radicular symptoms with weakness and decreased sensation and a decrease in reflexes. The injured worker has been released to modified work duties. Treatment to date has included NSAIDs, pain medications, and home stretching. A request was received on July 23, 2015 for twelve sessions of chiropractic therapy for the neck and thoracic spine. The Utilization Review physician modified the request from twelve sessions of chiropractic therapy for the neck and thoracic spine to six sessions of chiropractic therapy for the neck and thoracic spine on July 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the neck and thoracic spine twice a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Manipulation.

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

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments was not established. The provider requested 12 treatments. A peer review was performed that resulted in modification of the request to certify 6 treatments. The recommended 6 treatments were appropriate and consistent with medical treatment utilization schedule guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. There was no evidence of any clinical findings in the submitted documentation to suggest that the claimant is an outlier to the recommended initial trial of 6 treatments per MTUS guidelines. Therefore, I recommend non-certification of the requested 12 chiropractic treatments and the request is not medically necessary.