

<b>Case Number:</b>	CM15-0168756		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/07/2015
<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:

The injured worker is a 38 year old female, who sustained an industrial injury on July 16, 2013. She reported a fall onto her left side. The injured worker was diagnosed as having cervical sprain and strain and left ankle sprain. Treatment to date has included diagnostic studies, medications with benefit, a trial of acupuncture, physical therapy with some improvement, ankle cortisone injections with benefit and twenty-four sessions of chiropractic treatment. On July 17, 2015, the injured worker complained of ankle pain and persistent neck pain. Her neck pain was made worse with prolonged computer work or sitting. Physical examination of the cervical spine revealed tenderness to palpation and muscle tension. The treatment plan included chiropractic treatment, medications and a follow-up visit. On August 7, 2015, utilization review authorized a request for Norco, docusate sodium, ibuprofen and Prozac. A request for twelve sessions of chiropractic treatment was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Chiropractic treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute & Chronic) Manipulation 2015.

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

**Decision rationale:** The claimant presented with chronic neck pain and left ankle pain despite previous treatments with medications, injection, physical therapy, chiropractic, acupuncture, and home exercises program. Reviewed of the available medical records showed the claimant has completed 24 chiropractic previously with no benefits. She continued to experiences pain with prolong sitting and working at a computer. Based on the guidelines cited, the request for additional 12 sessions of chiropractic treatments is not medically necessary.