

<b>Case Number:</b>	CM15-0169551		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Chiropractic

### 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 42 year old female, who sustained an industrial injury on 3-27-2012. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical discopathy, lumbar spine hernia and left shoulder impingement syndrome. A recent progress report dated 7-15-2015, reported the injured worker complained of lumbar pain radiating down the left leg rated 9-10 out of 10, cervical spine pain associated with weakness, headaches and left wrist pain. Physical examination revealed cervical and lumbar tenderness and spasm and left shoulder tenderness. Radiology studies were not provided. Treatment to date has included physical therapy, home exercise program, Motrin and Omeprazole. The physician is requesting 8 chiropractic treatments and the injured worker has not received any chiropractic care prior to this request. On 8-4-2015, the Utilization Review non-certified 8 Chiropractic treatments for the cervical spine, citing Official Disability Guidelines, noting lack documentation of physical deficits needing functional improvement. The PTP is requesting an initial trial of chiropractic care to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic treatments for the cervical spine:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her cervical spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The ODG Neck & Upper Back Chapter also recommends a trial of 6 sessions of chiropractic care sessions over 2 weeks with up to 18 additional sessions with evidence of objective functional improvement. The patient has not received any chiropractic care for her neck injury. I find that the 8 initial chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.