

<b>Case Number:</b>	CM15-0186150		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Minnesota  
 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 58 year old male who sustained an industrial injury on 12-1-2014. A review of medical records indicates the injured worker is being treated for cervical strain, pain in limb, and cervical radiculopathy. Medical records dated 8-3-2015 noted cervical strain. He stated his pain was a 4 out 10. Physical examination noted there was no cervical tenderness with full range of motion. Treatment has included 18 sessions of chiropractic therapy. He reports having 80% improvement of his symptoms since the date of injury. Alleviating factors include rest, stretching, and chiropractic treatments. He is currently working full duty. Utilization review form dated 9-15-2015 non-certified chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 2 times a week for 3 weeks Qty: 6.00: 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 rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic treatments 2 times per week for 3 weeks or 6 visits apparently to the cervical spine. The documentation states that the patient is working full time and has had 80% improvement in his symptoms. The request for treatment (6 visits) is within the above guidelines and therefore the treatment is medically necessary and appropriate. In order for the patient to receive further treatment, the doctor must show objective functional improvement from these 6 approved visits for this flare-up.