

<b>Case Number:</b>	CM15-0186549		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<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  
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 45 year old female, who sustained an industrial injury on 2-4-15. The injured worker is undergoing treatment for: cervical strain, lumbar strain, trapezius strain. On 8-20-15, she reported neck pain that was unchanged. She rated her pain 4-9 out of 10 and indicated rest, medications, and chiropractic visits "help alleviate her pain". She indicated her activities of daily living are limited in making her bed, gardening and playing sports. Physical findings revealed a decreased cervical spine range of motion, tenderness and 6 trigger points in the cervical spine. The provider made notation that chiropractic care was alleviating pain and allowing her to trial regular work duties. The provider also noted they would be proceeding with trigger point injections to the cervical spine. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (7-17-15), medications, at least 16 physical therapy visits, home exercise program. Medications have included: Cyclobenzaprine, Naproxen. Current work status: trial regular duty effective 8-20-15. The request for authorization is for: 9 additional chiropractic manipulation therapy for the cervical spine, 3 times a week for 3 weeks, as outpatient. The UR dated 8-31-15: non-certified the request for 9 additional chiropractic manipulation therapy for the cervical spine, 3 times a week for 3 weeks, as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **9 Additional Chiropractic Manipulation Therapy for the Cervical Spine 3x3 As**

**Outpatient:** Upheld

**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 received 9 sessions of prior chiropractic care for his cervical spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The treatment records in the materials submitted for review and provided by the PTP (medical doctor) do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 9 additional chiropractic sessions requested to the cervical spine are not medically necessary and appropriate.