

<b>Case Number:</b>	CM15-0208648		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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:

This is a 56 year old male who sustained an industrial injury on 2-17-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical subluxation, myofascitis and headache. According to the progress report dated 9-22-2015, the injured worker complained of frequent pain in the mid neck and right shoulder region rated 5 out of 10 with intermittent, sharp, stabbing neck pain when turning his head. The pain level was decreased from 6 out of 10 on 8-3-2015. He reported having pain after one to two hours at work, having to take a break to stretch and rest. Objective findings (9-22-2015) revealed C5-T4 spinous moderate tenderness and right trapezius-deltoid moderate hypertonicity with cervical trigger points. Shoulder depression on the right caused pain into the right upper extremity. Treatment has included chiropractic treatment (at least 7 sessions June to August 2015), home stretching, rest, ice and medications. The request for authorization was dated 9-30-2015. The original Utilization Review (UR) (10-8-2015) denied a request for chiropractic treatment for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulative Treatment (CMT) 1-2 Regions For Cervical Spine (Myofascial Release For Neck, Electric Muscle Stimulation For Neck & Shoulder) X6 Sessions Over 45 Days: Upheld**

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

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

**Decision rationale:** The claimant presented with chronic pain in the neck. According to the available medical records, the claimant has had ongoing chiropractic treatment for his injury previously. He just completed 6 chiropractic treatment visits for a recent flare-up. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. Based on the guidelines cited, the request for additional 6 visits over 45 days is not medically necessary.