

<b>Case Number:</b>	CM15-0025888		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/19/1992
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 70 year old female, who sustained an industrial injury on 10/19/1992. The current diagnoses are cervicalgia, cervicobrachial syndrome, degenerative disc disease of the cervical spine, and cervical segmental dysfunction. Currently, the injured worker complains of pain in the neck, shoulders, and bilateral upper extremities, right greater than left. The physical examination revealed decreased range of motion and pain in all planes of the cervical spine. Her shoulder, active and passive range of motion is significantly reduced bilaterally with pulling pain on abduction of the left arm. She has tenderness over her flexor and extensor tendons of both forearms with pain on light palpation of both forearms and hands. Treatment to date has included chiropractic. The treating physician is requesting 4 chiropractic treatments, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for 4 chiropractic treatments. The chiropractic was modified to 1 treatment based on the suggested flare. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 4 visits over 2 weeks; Qty: 4.0:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (to include the neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visit over 6-8 weeks. The doctor requested 4 visits of chiropractic treatment over 2 weeks. The request is within the above guidelines and is therefore medically necessary. In the future the doctor needs to document objective functional improvement to receive more chiropractic care as well as avoiding maintenance care. Treatment needs to be administered on a flare-up basis only.