

<b>Case Number:</b>	CM15-0029866		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 06/13/2013. He has reported subsequent neck, back and head pain and was diagnosed with cervical disc degeneration, bilateral cervical radiculopathy, closed head injury with post traumatic headaches and lumbar radiculopathy. Treatment to date has included oral pain medication, H-wave unit and physical therapy. In a progress note dated 01/19/2015, the injured worker complained of neck, head, bilateral shoulder and low back pain. Pain was rated as 4-6 in the neck, head and shoulders with medication and 8/10 with medication and 7/10 in the low back with medication. Objective physical examination findings of the cervical spine were notable for tenderness of the interscapular space and left thoracic paraspinal musculature, decreased sensation of the right C6, C7, C8 and T1 dermatome distribution with reduced range of motion. The physician noted that in an attempt to improve the injured worker's symptoms a request for authorization of 6 chiropractic sessions was being made. On 01/30/2015, Utilization Review non-certified a request for 6 visits of chiropractic therapy of the cervical spine, noting that there was no clear documentation of the purpose of the treatment with functional goals identified. ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic therapy visits 2 x 3 to the cervical spine as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months  
Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck and back pain. Previous treatments include medications, physical therapy, H-wave unit, and exercises. Review of the available medical records showed no prior chiropractic treatments. A trial of 6 chiropractic treatments over 2 weeks is recommended by MTUS guidelines, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks. The request for 6 chiropractic therapy visits is within guidelines recommendation. Therefore, it is medically necessary and appropriate.