

<b>Case Number:</b>	CM15-0031080		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 61 year old female sustained an industrial injury on 10/19/09. She subsequently reports continued neck, bilateral shoulder and right arm pain. Diagnoses include cervicobrachial syndrome. Treatments to date have included chiropractic care, physical therapy and prescription pain medications. The claimant has reached permanent and stationary status per QME report dated 02/07/2014. On 2/3/15, Utilization Review non-certified a request for Retrospective Chiropractic treatment 6 sessions DOS: 08/06/2014 through 08/20/2014 (cervical spine). The Retrospective Chiropractic treatment 6 sessions DOS: 08/06/2014 through 08/20/2014 (cervical spine) was denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Chiropractic treatment 6 sessions DOS: 08/06/2014 through 08/20/2014 (cervical spine): Upheld**

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

**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 flare-up of her chronic neck pain and new low back symptom while working. Reviewed of the available medical records showed the claimant has had chiropractic treatments previously which help alleviate her symptoms. While evidences based MTUS guidelines might recommend 1-2 visits very 4-6 months for flare-ups, the request for 6 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.