

<b>Case Number:</b>	CM15-0034110		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 31-year-old female injured worker suffered an industrial injury on 12/5/2011. The diagnoses were cervical herniated disc. The diagnostic study was cervical magnetic resonance imaging. The treating provider reported neck pain and spasms in the upper back with decreased range of motion with pain. There was a positive cervical compression test. The Utilization Review Determination on 1/26/2015 non-certified 6 Chiropractic Services, Cervical Spine for 6 weeks as an outpatient, MTUS, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic Services, Cervical Spine for 6 weeks as an outpatient: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data institute, [www.odg-twc.com](http://www.odg-twc.com); Sections: Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 58-59 Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck pain. Previous treatments records are not available, there is no chiropractic treatment history. Evidences based MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks. Given no history of chiropractic treatments, the request for 6 chiropractic visits is within guidelines recommendation, and therefore, it is medically necessary.