

<b>Case Number:</b>	CM15-0036214		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/24/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 49 year old female, who sustained an industrial injury on 2/24/2002. She reports a neck and back injury from a motor vehicle accident. Diagnoses include status post cervical 5-6 fusion with closed dislocation of the 6th cervical vertebrae. Treatments to date include surgery, physical therapy, chiropractic care and medication management. A progress note from the treating provider dated 1/30/2015 indicates the injured worker reported chronic right neck pain, low back pain and left hip pain. On 2/16/2015, Utilization Review non-certified the request for 16 chiropractic visits for cervical and lumbar spine adjustments, thoracic spine traction, gluteal myofascial stretch release, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical and lumbar spine adjustments, thoracic spine traction, gluteal myofascial stretch release 2 times per week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional sessions of chiropractic therapy.