

<b>Case Number:</b>	CM15-0047656		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/01/1998
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 54 year old female, who sustained an industrial injury on 2/1/1998. She reported right upper extremity and right back pain from repetitive motions. The injured worker was diagnosed as having late effect cervical sprain/strain, brachial neuralgia and rotator cuff syndrome. There is no record of a recent radiology study. Treatment to date has included physical therapy, chiropractic care. Currently, the injured worker complains of right shoulder pain and right collar bone pain. In a progress note dated 2/25/2015, the treating physician is requesting 8 sessions of chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for the cervical spine Qty: 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines Chapter Neck and Upper Back.

**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 (cervical spine also) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor is requesting Chiropractic therapy for the cervical spine for 6 visits over an unspecified period of time. This request is not according to the above guidelines and therefore is not medically necessary. Also the amount of previous chiropractic care is not known and how the patient responded to that care using objective gains in functional improvement in the documentation.