

<b>Case Number:</b>	CM15-0049739		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 49 year old female, who sustained an industrial injury on 12/4/14. She reported initial complaints of neck, low back and ankle pain. The injured worker was diagnosed as having cervical strain; trapezius strain; rhomboid strain; ligament and muscle strain/sprain; post traumatic headaches; increased trigger points in the cervical spine. Treatment to date has included physical therapy (x6). Currently, per PR-2 notes dated 3/4/15, the injured worker complains of continued sharp dull pain with stabbing and burning sensation in the cervical spine; "continuous and recalcitrant pain". Additional symptoms documented are for headaches, weakness, numbness, visual disturbances, heartburn, irritable bowel syndrome, stomach pain and nausea. The provider did advise the injured worker to seek nonindustrial care for those symptoms. The provider is recommending chiropractic sessions three (3) times a week for two (2) weeks to do myofascial release, passive/active stretching and strengthening, ionto and phonophoresis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions three (3) times a week for two (2) weeks to the head, legs and back:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with complaints of neck and low back pain despite previous treatment with physical therapy. Current request is for 6 chiropractic visits with massage, exercises, and ionto and phonophoresis. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks and 4-6 massage visits, Iontophoresis is not recommended by ODG. Therefore, based on the guidelines cited, the current treatment request is not medically necessary.