

<b>Case Number:</b>	CM15-0056213		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 injured worker is a female, who sustained an industrial injury on 7/10/14. She reported neck and back pain. The injured worker was diagnosed as having post-traumatic hyperextension/flexion injury, sprain/strain neck and lumbosacral sprain/strain. Treatment to date has included chiropractic treatment, acupuncture, physical therapy and pain medication. Currently, the injured worker states she has few headaches and is able to walk 4-6 blocks with 60% less pain. Physical exam noted painful and limited cervical spinal range of motion and tenderness of cervico-thoracic paraspinal musculature, levator scapulae and scalene on palpation. The treatment plan consisted of 4 chiropractic sessions to transition to home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Chiropractic 1x a week for 2 weeks for cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Medical 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." The claimant presented with flare-up of her low back pain with intermittent numbness in the lower extremities. There is no document or subjective complaint of the cervical. Reviewed of the available medical records showed the claimant has completed at least 16 chiropractic sessions previously, with the last 4 sessions requested on 12/11/2014. Based on the guidelines cited, there is no document of flare up of the cervical spine pain and the additional 4 sessions of chiropractic therapy would exceeded the guidelines recommendation for care. Therefore, it is not medically necessary.