

<b>Case Number:</b>	CM15-0083233		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/08/1999
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 76-year-old male, who sustained an industrial injury on 02/08/1999. He has reported subsequent neck, back, rib pain, and was diagnosed with acute/chronic cervicgia, degenerative disc disease, facet syndrome, and T12 compression fracture and radiculopathy and impingement syndrome of the right shoulder. Treatment to date has included oral and topical pain medication, cervical and lumbar epidural steroid injections, application of heat, chiropractic care and surgery. In a progress note dated 03/19/2015, the injured worker complained of neck, back and anterior chest wall pain. Objective findings were notable for tenderness of C2-C3 through C5-C6 bilaterally. A request for authorization of 6 sessions of chiropractic therapy of the cervical spine over a 6-month period was submitted to assist with maintaining lower pain levels, reducing medication and maintaining improved functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 chiropractic care for the cervical spine (neck), 6 visits over a six month period, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

**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 (and neck) 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 has requested 6 chiropractic visits for the cervical spine (neck) over a 6 month period. This treatment would be considered maintenance type care. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.