

<b>Case Number:</b>	CM15-0087655		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 (IW) is a 60-year-old female who sustained an industrial injury on 11/20/2000. She reported pain in her neck right arm and right ribs. The injured worker was diagnosed as having right paracentral disc protrusions at C4-C5 and C5-C7, cervical spondylosis C4-7, right carpal tunnel syndrome, and injury to the right ribs, left hand and wrist. Treatment to date has included Chiropractic therapy and use of anti-inflammatory medications. Currently, the injured worker complains of neck pain associated with daily headaches. The pain is constant ranging from dull to sharp in quality and is worse at the end of the day. She complains of numbness in bilateral fingers and in bilateral feet and toes that has become worse over the last few months. Chiropractic therapy has decreased the symptoms by approximately 70%. The numbness is relieved with hot and cold therapy and with use of a non-steroidal anti-inflammatory medication. Her neurologic exam shows intact motor function of the upper extremities with decreased light touch sensation in both hands and fingers bilaterally. Cervical range of motion is moderately decreased with pain at the limit of her range of motion. Requested for authorization is 12 sessions of chiropractic care for treatment of cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic care for treatment of cervical spine:** Upheld

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

**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 cervical spine) 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 12 sessions of chiropractic care for treatment of the cervical spine for an unknown period of time. It is unknown if this is the initial treatment session request or additional treatment request. In addition, the documentation does not reveal evidence of objective functional improvement if this is a request for further/additional treatment. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.