

<b>Case Number:</b>	CM15-0236748		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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 37-year-old male, who sustained an industrial injury on 8-22-13. The documentation on 10-13-15 noted that the injured worker has complaints of cervical spine pain. The injured workers visual analog scale 4 out of 10, symptoms do increase to a 6 out of 10 at worse. The documentation noted that the injured worker has not experienced any 9 out of 10 days. After his chiropractic treatments, the injured worker reports his symptoms decrease to a visual analog scale 1 or visual analog scale 1 out of 10. Cervical examination revealed flexion, right lateral flexion, right and left rotation range of motion are decreased. The diagnoses have included cervical strain; cervical; sprain and cervical segmental dysfunction. Treatment to date has included chiropractic and physical therapy. The documentation noted that medications have been decreased. The documentation on 10-15-15 noted that the injured worker has completed six visits of chiropractic treatments. The original utilization review (11-4-15) non-certified the request for chiropractic treatment, cervical spine, 2 times weekly for 3 weeks, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, cervical spine, 2 times weekly for 3 weeks, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic neck pain. Previous treatments included medications, chiropractic, and physical therapy. Reviewed of the chiropractic treatment records, the claimant recently completed 6 chiropractic treatments visits with helped decreased pain, increased range of motion, and decreased medications. Based on the guidelines cited, the request for additional 6 chiropractic treatment visits is medically necessary due to evidences of objective functional improvements with prior chiropractic treatments.