

<b>Case Number:</b>	CM14-0121754		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66 year old female who suffered an injury to her neck, upper back, shoulders and wrists on 1/14/2003 due to repetitive work. There are multiple complaints for the multiple body parts involved. The focus in this case is the cervical spine. The patient is status post-surgical for the cervical spine (cervical fusion). Per the PTP's progress report the chief complaints are described as follows: "The neck and shoulder pains continue. Her pain is worse with overhead motion and with twisting her neck. There is no change in the numbness in her fourth and fifth fingers of the left hand." Patient has been treated with medications, physical therapy, home exercise program, acupuncture, surgery and chiropractic care. The diagnoses assigned by the treating chiropractor for the cervical spine are cervicgia and displaced cervical intervertebral disc. An MRI study has evidenced perineural cysts at C6-7 on the right and T1-2 on the left. An EMG/NCV study has been negative for peripheral nerve entrapment. The PTP is requesting 6 additional chiropractic sessions to the neck to treat a flare-up. The UR has authorized 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment times 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This is a chronic post-surgical case. MTUS Post-Surgical Treatment Guidelines for physical medicine recommends 24 visits over 16 weeks for cervical fusion surgery. Chiropractic care falls under this category. The PTP has described Improvements with past treatment with objective functional measurements listed and present with prior care. The records provided by the primary treating chiropractor show that the patient has completed less than 24 visits post-surgery. The 6 chiropractic sessions requested for cervical spine are medically necessary and appropriate.