

<b>Case Number:</b>	CM14-0128916		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 60 year old male who reported an injury on 07/06/2011; the mechanism of injury was not provided. Diagnoses and past treatments were not provided. Past diagnostics included an x-ray of the cervical spine, dated 09/03/2014, which indicated facet arthrosis at C4-5 and degenerative disc disease at C5-6. An MRI of the cervical spine, dated 09/03/2014, indicated straightening of the normal cervical lordosis possibly due to muscle spasm, C4-5 disc bulge with mild foraminal compromise, C5-6 disc bulge with moderate to severe right bilateral foraminal compromise and mild central canal stenosis, and C6-7 disc bulge with mild foraminal compromise. The MRI results noted the injured worker complained of neck pain. Surgical history, physical exam findings, and current medications were not provided. The treatment plan included chiropractic treatment. The rationale for treatment and the request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

**Decision rationale:** The California MTUS guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The guidelines recommend up to 4-6 sessions of chiropractic treatment for the lumbar spine in order to produce effect and with evidence of objective functional improvement up to 8 weeks of treatment. The guidelines recommend a frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition and treatment may continue at 1 treatment per week for the next 6 weeks. There is a lack of documentation of the injured worker's diagnoses, subjective complaints, physical exam findings, or rationale for the treatment plan. The requesting physician did not provide a recent clinical note with a complete examination of the injured worker. Additionally, the request does not include indicators of the location for treatment and quantity of sessions. Therefore the request for Chiropractic Treatment is not medically necessary.