

<b>Case Number:</b>	CM14-0144984		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 medical records reviewed reflect a denial of Chiropractic care issued on 9/2/2014 by [REDACTED] reviewer [REDACTED]. The request from [REDACTED] on 7/8/14 for additional Chiropractic care was denied based on records reviewed that at the time of review failed to record evidence of a recent flare or exacerbation leading to a specific functional deficit or if prior functional loss was reported what could be reasonably expected to be restored by the requested treatment leading to functional improvement. CA MTUS Chronic Treatment Guidelines and ODG-Cervical spine Guidelines were provided in support of the determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A request for Chiropractic sessions QTY:16.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC (ODG) Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Spine; Regional Neck Pain.

**Decision rationale:** The patient is reported to be 48 year old female employed at the [REDACTED] [REDACTED] with reported date of injury of 1/30/2002. No mechanism of injury was provided. [REDACTED] records begin in April 2014 with a report continuing pain with ADL's; PT and home HWave were recommended on 2/10/14 along with Acupuncture and Chiropractic care (unknown number of visits). Additional care with manipulation and modalities were requested on 3/11/14, 3/18/14 and 7/8/14 when the subject 16 additional sessions were requested and subsequently denied. It is unclear the number of completed versus requested dates of Chiropractic service. In a review of [REDACTED] records clinical evidence of functional improvement was not provided supporting the request for additional Chiropractic care. The 16 requested dates of service lacked written documentation that prior Chiropractic care provided evidence of functional improvement as required by the CA MTUS Chronic Treatment Guidelines. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Absent the required evidence of objective improvement prior to the requested 16 sessions of Chiropractic care per the 7/8/14 PR-2, no further care is medically necessary.