

<b>Case Number:</b>	CM14-0041842		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old female with a date of injury on 02/05/2013. Diagnoses include cervicocranial syndrome, cervicobrachial syndrome, cervicalgia, and headaches. Physical exam shows tenderness of the cervical paraspinal muscles and decreased range of motion. Muscle strength and reflexes were normal. The submitted documentation shows that the patient has received 22 visits of chiropractic care so far. The records do not indicate the amount of pain relief or functional improvement that has occurred due to prior chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal manipulation as needed:** 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 Page(s): 5-58.

**Decision rationale:** CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive

symptomatic or objective gains in function and progression of a therapeutic exercise program. Therapeutic care is recommended as a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For this patient, there is documentation of at least 22 prior chiropractic sessions. The records do not provide documentation of significant objective functional improvement from the prior visits. Therefore, the medical necessity for additional spinal manipulation is not medically necessary.