

<b>Case Number:</b>	CM15-0010406		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/03/2001
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Oriental Medicine

### 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 58 year old male, who sustained an industrial injury on 10/3/2001. The current diagnoses are cervical disk syndrome with myelopathy, cervical brachial radiculitis, thoracic myofascial pain syndrome, cervico-occipital neuralgia headaches, causalgia upper limb, shoulder internal joint mice, cervicalgia, cervicobrachial syndrome, cervicothoracic subluxation, and headaches. Currently, the injured worker complains of pain in the head, neck, upper back, right shoulder, and right arm. Additionally, he complains of headaches. The headaches and upper back pain are rated 6/10, the neck 8/10, the right shoulder 7/10, and the right arm 2/10. Treatment to date has included chiropractic. The injured worker reports 50% less pain immediately following chiropractic treatment. The treating physician is requesting 2 retrospective chiropractic treatments dated 8/6/2014 and 8/20/2014, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for 2 retrospective chiropractic treatments dated 8/6/2014 and 8/20/2014. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Chiropractic Treatments DOS: 8/20/14 and 8/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 106, 111 and 115, Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments for the past 6 months. Provider requested retrospective 2 chiropractic sessions. The injured worker reports 50% less pain immediately following chiropractic treatment. Medical records do not document recent flare-up which would require additional treatment. MTUS guidelines do not recommend maintenance care. Per review of evidence and guidelines, 2 Chiropractic visits are not medically necessary.