

<b>Case Number:</b>	CM15-0018125		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Chiropractic

### 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 39 year old female who sustained an industrial injury on 02/28/05. She reports neck and bilateral shoulder pain. Treatments to date include medications, physical therapy, chiropractic care and shoulder surgery. Diagnoses include adhesive capsulitis, shoulder impingement syndrome, and cervical radiculopathy. In a progress noted dated 10/03/14 the treating provider reports the treatment plan consists of continued medications, ice and heat, and additional chiropractic care 8 sessions plus re-evaluation. On 01/21/15 Utilization Review non-certified the chiropractic care, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Re-Evaluation and Chiro for Neck x 8 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions page 1

**Decision rationale:** Per the records provided, the UR notes indicate that patient has received 7 recent chiropractic care sessions and a re-evaluation for her cervical spine injury. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as 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 billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic treatment records are not present in the records provided. I find that the 8 chiropractic sessions requested to the cervical spine and additional re-evaluation to not be medically necessary and appropriate.