

<b>Case Number:</b>	CM15-0113790		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 57 year old male, who sustained an industrial-work injury on 9-3-02. He reported initial complaints of head and neck pain. The injured worker was diagnosed as having cervico-brachial syndrome, and cervical subluxation. Treatment to date has included medication, exercises, and cold-heat modalities. Currently, the injured worker complains of worsening of headaches rated 4 out of 10, and slight flare up of neck pain that is described as moderate and described as sharp and tightness. Manual therapy decreased tightness in the mid back and neck. Per the primary physician's progress report (PR-2) on 4-10-15, exam noted restricted range of motion in the cervico-thoracic region, asymmetry, stiffness in cervical region, thoracic region, tautness, tenderness in cervical region, thoracic region, trigger points, and hypertonicity. The Request for Authorization requested service to include 6 Chiropractic Sessions. The Utilization Review on 6-4-15 modified the request to 2 Chiropractic Sessions, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 chiropractic sessions to an unspecified area(s) of the body for an unknown period of time. The requested treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. The doctor must document objective functional improvement from these 6 approved visits in order for the patient to receive further treatment for this flare-up. Also in future requests please specify areas to be treated and period of time which for these 6 approved visits should be 2 weeks per the guidelines therefore are medically necessary.