

<b>Case Number:</b>	CM15-0126250		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/06/2015
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, 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 49-year-old female, who sustained an industrial injury on 2/06/2015. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical strain, chest wall contusion, and costal cartilage with sternum sprain. Treatments to date include Meloxicam, Acetaminophen, physical therapy and chiropractic therapy. Currently, she complained of pain in the neck. On 3/3/15, the physical examination documented tenderness of the cervical and thoracic spine. The appeal requested authorization for six (6) additional chiropractic treatments, manual therapy treatments, and electrical stimulation for cervical, thoracic and lumbar spines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulative treatment, cervical, thoracic and lumbar spine, including manual therapy and electrical stimulation, QTY: 6: 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): 58&59.

**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 additional Chiropractic manipulative treatments to the cervical, thoracic and lumbar spine to include manual therapy and EMS without objective functional improvement documentation from the 9 previous approved treatments. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.