

<b>Case Number:</b>	CM15-0173360		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

### 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 38 year old female, who sustained an industrial injury on 10-18-2012. The injured worker was diagnosed as having neck sprain. Treatment to date has included diagnostics and medications. Currently (7-24-2015 progress report handwritten and difficult to decipher), the injured worker complains of symptoms in the cervical, thoracic and lumbar spines. Pain was rated 5-8 out of 10 and symptoms were described as moderate and frequent. Objective findings noted painful range of motion in the cervical spine and tenderness to palpation to the cervical paravertebral muscles. Work status was modified with restrictions and it was documented that she was working. Recent treatment, if any, was not documented. Electro-myogram and nerve conduction studies of the upper extremities (3-2015) showed an impression of mild right carpal tunnel syndrome. The treatment plan included chiropractic x6 for the cervical spine, non-certified by Utilization Review on 8-11-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to the cervical spine, quantity: 6 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:** The claimant presented with chronic neck and back pain. Previous treatments records are not available for review. Current progress report dated 07/24/2015 by the treating doctor noted painful neck ROM and the claimant is on modified work duties, the treating doctor is requesting 6 chiropractic treatment visits. Review of the available medical records showed no history of chiropractic treatments. Based on the guidelines cited, the request for 6 chiropractic treatment visits is medically necessary.