

<b>Case Number:</b>	CM15-0178757		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/06/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 26-year-old female, who sustained an industrial injury on 9-6-10. The injured worker was diagnosed as having segmental and somatic dysfunction of the cervical, upper extremity, and thoracic region and myositis. Treatment to date has included chiropractic treatment, injections, home exercise, and medication. Physical examination findings on 8-24-15 included tender cervical paraspinal muscles, tenderness in the scapular muscles, decreased cervical range of motion, tenderness in the infraspinatus muscle region, and decreased left shoulder range of motion. On 8-24-15 pain was rated as 5 of 10. Currently, the injured worker complains of neck pain with radiation to the arm with numbness and tingling. Back pain and left shoulder pain was also noted. On 8-25-15, the treating physician requested authorization for chiropractic treatment 1x2. On 8-27-15, the request was non-certified; the utilization review physician noted "there is no indication that any additional chiropractic treatment would benefit for the injury."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments once a week for 2 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Manipulation.

**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(and neck) 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 requested chiropractic treatments 1 time per week for 2 weeks or 2 visits. The request for treatment (2 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. The doctor must document objective functional improvement from these 2 approved visits in order to receive more treatment for the patient.