

<b>Case Number:</b>	CM15-0042307		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Oriental Medicine

### 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 32 year old female, who sustained an industrial injury on 12/5/11. She reported pain in the neck, back and upper extremities. The injured worker was diagnosed as having cervical herniated nucleus pulposus. Treatment to date has included cervical MRI, cervical epidural injections, physical therapy and oral pain medications. As of the PR2 dated 2/16/15, the injured worker reports pain in the cervical spine with stiffness and tightness in the bilateral upper extremities. The claimant states there is no change. Examination findings show positive Spurling, tenderness to palpation and pain with cervical movement. The treating physician is requesting chiropractic treatments. Per a PR-2 dated 1/16/2015, the claimant has continued cervical pain. The provider is requesting a trial of chiropractic because she has not had treatment in over a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Services with Modalities & Exercises for the Cervical Spine, 2 times a week for 6 weeks, for submitted diagnosis of displacement of cervical intervertebral disc without myelopathy, as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss

Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is likely that the claimant had already exceeded the 24 visit maximum. Furthermore, the claimant did already have extensive chiropractic treatment with no documented functional improvement. Therefore twelve further chiropractic visits are not medically necessary.