

<b>Case Number:</b>	CM15-0064121		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 41 year old female, who sustained an industrial injury on 01/01/2001. The injured worker is currently diagnosed as having repetitive trauma disorder with chronic upper extremity pain, chronic left sided neck pain, and thoracic pain with radicular symptoms. Treatment to date has included electromyography/nerve conduction studies, home exercise program, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of ongoing neck and bilateral upper extremity pain. The treating physician reported requesting authorization for chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Chiropractic visits for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 3/2/15 UR determination denying the requested 8 additional Chiropractic visits cited CAMTUS Chronic Treatment Guidelines. The reviewed records reflected that prior to the request for 8 additional visits, the patient has completed 16 Chiropractic visits with noted benefit. The request for additional care was not accompanied by evidence of a recent flare or exacerbation or contain clinical documentation of examination deficits where additional care would be reasonable. The medical necessity for the requested 8 additional Chiropractic visits was not found or compliant with CAMTUS Chronic Treatment Guidelines.