

<b>Case Number:</b>	CM15-0071562		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 34 year old female who sustained an industrial injury on 6/21/12. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having cervical strain and facet arthropathy. Treatments to date have included home exercise program, chiropractic treatments and acupuncture treatment. Currently, the injured worker complains of neck and low back pain. The plan of care was for chiropractic treatments and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 6 treatments for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy/manipulation.

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

**Decision rationale:** The UR determination of 3/30/15 denied the requested Chiropractic care, 6 sessions to the cervical spine and lumbar spine citing CAMTUS Chronic Treatment Guidelines.

Addressed in the UR review was the lack of documentation of objective functional gains necessary to consider the medical necessity of additional care, Chiropractic or Acupuncture. The CAMTUS Chronic Treatment Guidelines do support additional treatment when objective clinical evidence of functional improvement is provided of which none was provided. Reviewed medical records fail to establish the medical necessity for continued Chiropractic care, 6 sessions to the cervical and lumbar spine regions and fail to meet the criteria for additional care per CAMTUS Chronic Treatment Guidelines. The request, therefore, is not medically necessary.