

<b>Case Number:</b>	CM15-0090258		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 49 year old male patient who sustained an industrial injury on 10/28/2002. A primary treating office visit dated 02/21/2012 reported the patient with subjective complaint of experiencing constant dull pain in the cervical spine, intermittent radiating into his left upper extremity. The pain is rated a 5 out of 10 in intensity. He is diagnosed with cervical facet syndrome, disc displacement, and radiculitis, cervical. The plan of care involved: therapy sessions and performing home exercises and stretches. He is to work modified work duty. By 01/10/2015, the patient has shown no change in subjective complaint. There was also no change in the plan of care, treating diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Chiropractic sessions to include spinal manipulation, soft tissue management, ultrasound and electric stimulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** According to the ACOEM guidelines, manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The claimant presented with chronic pain in the neck despite previous ongoing treatments with chiropractic, physiotherapy, and home exercises. Reviewed of the available medical records showed the claimant has had chiropractic treatments every other month from 02/21/2012 until 01/10/2015, sometimes up to 3 visits a month. There is no evidence of objective functional improvement documented. MTUS guidelines do not recommend maintenance care either. Therefore, the request for 10 chiropractic sessions with physiotherapy is not medically necessary.