

<b>Case Number:</b>	CM15-0093600		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/13/1992
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34-year-old female with a June 13, 1992 date of injury. A progress note dated February 23, 2015 documents subjective findings (persistent neck pain and headaches), objective findings (tenderness over the right side of the cervical spine; decreased range of motion of the cervical spine), and current diagnoses (head pain; neck pain). Treatments to date have included chiropractic (pain is improved), exercise, and yoga. The medical record notes that injured worker is not interested in taking pain medications. The treating physician documented a plan of care that included additional chiropractic treatments, 4 additional sessions to the cervical spine. The UR reviewer has modified the request and approved 2 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has been receiving an unspecified number of chiropractic treatments since 1992. The chiropractic treatment records in the materials submitted for review show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Neck & Upper Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." Two additional sessions are appropriate per The MTUS Guides. In this case, the UR department has recognized the functional improvement and the request has been modified. Two sessions have already been approved per The MTUS recommendations. I find that the 4 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.