

<b>Case Number:</b>	CM13-0023171		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the available medical records, this is a 66 year old female patient with chronic bilateral carpal tunnel syndromes, low back and neck pain, date of injury 06/23/2010. Previous treatments include medications and chiropractic. There is no other records of previous treatments and results. Progress report dated 07/25/2013 by [REDACTED] revealed patient follow up with low back pain and neck pain, 7/10 on pain scale, increased pain in the carpal tunnel region and bilateral upper extremities, difficulty sleeping secondary to pain; exam noted tenderness to palpation in the right upper trapezius, decreased flexion and extension of the cervical spine, increased ipsilateral cervical and upper trapezius with extension; diagnoses right cervicothoracic myofascial pain - likely facet mediated, bilateral carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times 4 to cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS guidelines recommend chiropractic manipulation for chronic low back pain as therapeutic with a Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. There is a lack of documentation for functional impairment in this patient and the request for chiropractic treatments 2x4 exceeded the guideline recommendation. Therefore, it is NOT medically necessary.