

<b>Case Number:</b>	CM13-0025258		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 expert reviewer is licensed in Chiropractor, has a subspecialty in and is licensed to practice in Texas. 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:

The patient is a 59-year-old female who reported an injury on 07/08/2013. The patient is currently diagnosed with cervical spine sprain and strain, mild cord abutment at L3-4, bilateral carpal tunnel syndrome, and lumbar spine strain and sprain. The patient was seen by [REDACTED] on 10/11/2013. Physical examination revealed diminished range of motion in the wrist, positive Tinel's testing, tenderness to palpation in the cervical spine paraspinal muscles with myospasms, and decreased cervical range of motion. Treatment recommendations included chiropractic treatment 2 times per week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor visits times 12:** 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.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical

notes submitted, there is no evidence of objective functional improvement following a trial of 6 visits over 2 weeks. Therefore, the current request cannot be determined as medically appropriate. The request for chiropractic therapy x12 exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.