

<b>Case Number:</b>	CM13-0026489		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The expert reviewer is a Chiropractor 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 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/services.

### 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 49 year old female patient with chronic neck, thoracic, low back pain, date of injury 10/25/2012. Previous treatments include physical therapy, medications, acupuncture. Report dated 06/19/2013 by [REDACTED] noted thoracic spine pain that is constant, sharp and stabbing and migrates to her neck and back, neck pain across the shoulders into both arms with associated headaches and dizziness, lower back pain that is very stiff and sore that increases with any prolong standing, twisting, or increased activities, difficulty sleeping due to pain, stress, anxiety and depression related to her pain and gaining 40+ lbs. since the accident, gastritis due to prolonged medication use; chiropractic treatment for thoracic spine two times a week for three weeks, patient may return to work with no lifting, pushing, pulling over 25 lbs. PR-2 report dated 07/30/2013 by [REDACTED] noted chiro treatment decrease spasm, chiropractic T/s 2x /4weeks; patient return to modified work with no lifting over 25 lbs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional chiropractic sessions with physiotherapy two (2) times a week for four weeks:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** Review of medical records indicated that the patient has had six chiropractic treatments starting 06/19/2013. The progress report on 07/30/2013 did not document any objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Based on the guidelines cited above, the request for additional chiropractic sessions with physiotherapy two (2) times a week for four (4) weeks is NOT medically necessary.