

<b>Case Number:</b>	CM13-0031121		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 59 year old female patient with chronic neck pain with date of injury in March 2009. Previous treatments include medication, chiropractic, acupuncture and physical therapy. PR-2 report dated 06/13/2013 by [REDACTED] revealed constant moderate to severe achy, sharp and sore neck pain, neck pain travels down arms and into chest area, exam noted limited and painful cervical ROM, positive Soto Hall test, bilateral Jacksons test and bilateral shoulder depression test, bilateral upper extremities reflexes +1; treatment plan physical therapy/rehab/chiropractic/acupuncture 2x for 6 weeks. PR-2 report dated 07/25/2013 from [REDACTED] revealed constant moderate neck pain travels down both shoulder, pain is rated 8/10; exam revealed limited and painful cervical ROM, positive Soto Hall and bilateral Jackson test; treatment plan chiro/PT/acupuncture 1x for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care 1 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain-manipulation.

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

**Decision rationale:** Reviewed of the available medical records shown that this patient had been receiving ongoing chiropractic treatments. However, there was no documentation of objective functional improvement. Therefore, the request for Chiropractic care 1x6 is NOT medically necessary.