

<b>Case Number:</b>	CM13-0033717		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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. 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 55 year old male with a date of injury of 5/09/2001. According to the follow up orthopaedic evaluation dated 9/17/2013, the patient complained of neck and lower back pain. It was noted that there was no change since the last visit dated 6/04/2012. The patients physical exam revealed full rang of motion in the cervical spine with no neurological deficit to the upper extremities. The patient was diagnosed with cervical strain, lumbar strain, and status post left knee surgical procedure in 2008.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT TWO (2) TIMES FOR FOUR (4) WEEKS FOR NECK AND BACK: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual therapy & manipulation Page(s): s 58-60.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend additional chiropractic sessions if there is documentation of functional improvement from a trial of 6 visits. The medical records provided for review indicate that the patient had a trial of chiropractic sessions.

A UR dated 2/20/13 authorized 6 additional chiropractic sessions. However, there was no documentation of functional improvement from chiropractic care. Therefore, the provider's request for chiropractic treatment 2 times a week for 4 weeks is not medically necessary and appropriate.