

<b>Case Number:</b>	CM13-0033830		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	09/11/2013
<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 licensed in Chiropractic and Acupuncture 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 52 year old female with a date of injury of injury of 1/16/2009. According to the doctors first report dated 8/27/2013, the patient complained of neck, whole back, right shoulder, right arm/wrist/hand, right knee, and bilateral foot pain. The patient also complained of stress and anxiety due to chronic pain. Exam findings of the cervical spine includes decreased cervical lordotic curvature, tenderness over paravertebral musculature and trapezius muscles. Axial compression elicits local cervical neck pain. Myofascial trigger points noted. There was tenderness over the paravertebral muscle and lumbosacral junction in the lumbar spine. There was mild paraspinal spasm in the lumbar spine. Straight leg test increase low back pain without radicular symptoms. The patient was diagnosed with thoracic and lumbar musculoligamentous sprain strain, right shoulder periscapular strain, right elbow medial and lateral epicondylitis, and right wrist sprain and flexor tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for the neck, mid back and low back (8 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The guideline recommends chiropractic manipulation as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The provider has requested a short course of chiropractic manipulative therapy. There was no evidence of prior chiropractic care in the submitted documentation. A trial session is warranted at this time; however, the provider's request for chiropractic therapy 2 times a week for 4 weeks, exceeds the guidelines recommend number of visits for a trial. Therefore, the provider's request for chiropractic care is not medically necessary at this time.