

<b>Case Number:</b>	CM13-0039864		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Care 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:

According to the available medical records, this is a 34 year old female patient with chronic neck, upper back and lower back pain, date of injury 04/15/2011. The previous treatments include medication, injection, chiropractic, physical therapy, TENs and psychiatric. The progress report dated 09/12/2013 by [REDACTED] revealed 4 months post fall (05/22/2013), left knee swelling, pain and inability to bear full weight, bad migraine 2 days ago. She is limping favoring the left LE, swelling is persists with mild restriction of flexion and extension, restriction of cervical and left shoulder ROM with +3 muscle tenderness especially in the left scapular and left upper thoracic region, lumbar restriction of ROM with +2 tenderness and spasm and the left knee X-rays negative. The diagnoses include cervicobrachial syndrome, cephalgia, thoracic neuritis and lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chiropractic treatment to the cervical, thoracic and lumbar spines, two sessions consisting of manipulation, myofascial release, diathermy and electrical stimulation:**

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 Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Review of the available medical records shown this patient has had on going chiropractic therapy on a monthly basic. The medical records, however, did not document any objective functional improvement; there was no concurrent therapeutic exercise programs prescribed either. Based on the guideline cited above, the request for additional 2 chiropractic treatments is not medically necessary.