

<b>Case Number:</b>	CM13-0042362		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, has a subspecialty in 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 43 year old female with a date of injury of 3/12/2013. According to the progress report dated 10/08/2013, the patient reported mild improvement in the cervical and lumbar spine symptoms with chiropractic care. The patient continues to have upper and lower extremity radicular symptoms. The patient reported no changes in the right shoulder, elbow, and knee pain. Significant objective findings included antalgic gait, positive stiffness on movement, and decrease cervical and lumbar range of motion. The right shoulder strength, elbow flexion, wrist extension, finger flexion, and finger extension motor test was 4+/5. The patient had tenderness over the sub occipital, cervical, cervical-thoracic, thoracic-lumbar, lumbar, lumbar-sacral, sacral and hip. Cervical spine compression, cervical spine distraction, and shoulder depression test was positive. The patient also was positive for Kemp's test bilaterally. The patient was diagnosed with cervical spine sprain strain, right upper extremity radiculopathy, right shoulder rotator cuff tear with tendinitis, lumbar spine sprain strain, and radiculopathy bilateral lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2XWK X3WKS CERVICAL AND LUMBAR SPINE.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Page(s): 58-59.

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

**Decision rationale:** The MTUS guidelines recommend chiropractic for chronic pain. It recommends a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient had chronic neck and low back pain. According to a supplemental report dated 9/17/2013, the provider noted that the patient had 6 chiropractic sessions. Records indicated that the patient reported mild improvement in the cervical spine and lumbar spine with chiropractic sessions. However, there was no documentation of objective functional improvement in the submitted medical records from chiropractic sessions. Based on the lack of documented objective functional improvement, the provider's request for additional chiropractic sessions 2 times a week for 3 weeks is not medically necessary at this time.