

<b>Case Number:</b>	CM13-0049988		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 is licensed to practice in Texas. 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 51-year-old female who reported an injury on 6/14/13. The mechanism of injury was not specifically stated. The patient was noted to have subjective complaints of neck pain with radiation to the left shoulder, upper arm, and upper back and that it was constant at 8/10. The patient was noted to have low back pain with radiation into the right thigh and left medial thigh, as well as upper back pain. The patient was noted to have undergone six sessions of physical therapy. The patient was noted to have decreased range of motion in the cervical spine. The patient was noted have a positive right cubital tunnel test and right and left median nerve compression test. The patient was noted to have visible swelling and enlargement of the right forearm and hand with +2 tenderness to palpation. The patient was noted to have cervicobrachial radiculopathy and cervicalgia as well as cervicogenic cephalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of chiropractic treatment:** 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 Page(s): 58-59.

**Decision rationale:** The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of six sessions; with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. The request as submitted failed to identify the body part the request was being submitted for. Additionally, treatment beyond 4-6 visits should be only be granted with objective functional improvement; the requested 8 visits would be excessive. Given the above, the request is not medically necessary.