

<b>Case Number:</b>	CM13-0052606		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 42 year old male patient with headaches, neck, thoracic and lumbar spine pain, date of injury 06/08/2013. The previous treatments include medications, chiropractic, physical therapy, cervical pillow and back brace. The progress report dated 10/31/2013 by [REDACTED] revealed frequent severe dull, achy, sharp and throbbing headache, constant moderate dull, achy, sharp neck pain aggravated by looking up, looking down and turning, constant moderate dull, achy, sharp upper back pain and stiffness, aggravated by lifting, bending and twisting, constant severe dull, achy, sharp low back pain, stiffness, tingling and weakness, aggravated by standing, walking and bending; C/s ROM decreased and painful, +3 tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, positive cervical compression, shoulder depression, Kemp's, L/s ROM decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscle, muscle spasm of the paravertebral muscles, sitting SLR positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient chiropractic sessions two times a week for four weeks to cervical, thoracic and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The California MTUS guidelines recommend chiropractic as therapeutic - trial of 6 visits over 2 weeks, with evidence of objective functional improvement. There was no evidence of functional deficit documented and the request for chiropractic 2x per week for 4 weeks exceeded the guideline recommendation. Therefore, it is not medically necessary.