

<b>Case Number:</b>	CM13-0053787		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old female with a date of injury of 12/21/2012. The listed diagnoses per [REDACTED], dated 11/19/2013, are: 1) Neck sprain and strain, 2) thoracic sprain and strain, and 3) labral tear of shoulder. According to report dated 11/19/2013 by [REDACTED], the patient presents with continued back, neck, and right arm pain. It was noted that chiropractic treatments were requested but not authorized. The treater states that there seems to be some confusion about the prior request as "the rationale for denial states the current request for additional acupuncture not certified." The request is for Chiropractic care. Examination of the cervical/lumbar spine shows decreased range of motion, tenderness, and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care two (2) times a week for three (3) weeks:** Overturned

**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:** This patient presented with continued back, neck, and right arm pain. The treater requests chiropractic sessions two (2) times a week for three (3) weeks. The Chronic Pain Guidelines recommend as an option, a trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, total of up to eighteen (18) visits over six to eight (6 to 8) weeks. Review of the reports dated 02/19/2013 to 11/19/2013 document that the patient has not had a trial of chiropractic care. The treater's current request for six (6) visits is warranted, and recommendation is for approval.