

<b>Case Number:</b>	CM13-0056213		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, 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 physician 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 43 year old female patient with chronic neck, right upper extremity, upper back, lower back and right hip pain, date of injury 01/25/2013. Previous treatment includes wrist brace, medications, physical therapy, chiropractic and psychiatric treatment. Progress report dated 10/21/2013 by [REDACTED] revealed neck pain, upper back pain, lower back pain, right shoulder pain, right wrist pain, right hip pain and sleep problems; patient had decrease in light touch sensation over the right lower extremity; diagnoses include cervical spine strain, thoracic spine strain, lumbar spine strain, right shoulder internal derangement, right wrist strain, right hip strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Section Chronic Pain Page(s): 58-59.

**Decision rationale:** The available medical records revealed multiple chiropractic visits prior to this request with no documentation of objective functional improvement. This request for chiropractic treatment 3x6 also exceeded the guideline recommendation and therefore, it is not medically necessary.