

<b>Case Number:</b>	CM13-0060721		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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:

According to the available medical records, this is a 23 years old male patient with chronic neck, mid back pain, low back pain and right ankle pain, date of injury 11/16/2011 and subsequently 02/02/2013. Previous treatments include physical therapy, chiropractic, acupuncture, injection and medications. Progress report dated 10/12/2013 by the treating doctor revealed burning, radicular neck pain and muscle spasms. His pain is described as constant, moderate to severe. The patient rates the pain as 5-6/10. The pain is aggravated by looking up, looking down, and side to side as well as by repetitive motion of the head and neck. The patient also complaint of sharp, stabbing mid back pain, 7/10, frequent to constant, moderate to severe. His pain is aggravated by prolonged positioning including sitting, standing, walking, bending forward and to the sides, twisting and reaching above shoulder level. Thoracic spine exam revealed +2 tenderness over the spinous processes T3-T6. Bilateral thoracic paraspinal muscle guarding is noted. AROM decreased in all ranges. Positive Kemp's test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC CONSULTATION AND TREATMENT (8 VISITS) WITH PT MODALITIES OVER 4 WEEKS TO THORACIC SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Physical Therapy, page 474

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

**Decision rationale:** Review of the available medical records showed this patient has had chiropractic and physical therapy treatments. However, there are no treatment records available for review. There are no documentation of objective functional improvement from those treatments. Based on the guidelines cited above, the request for additional chiropractic with physical therapy modalities 8 visits over 4 weeks is not medically necessary.