

<b>Case Number:</b>	CM13-0060976		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Board Certified in Family Medicine and is licensed to practice in Utah. 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 30 year-old male. The patient's date of injury is 4/25/2013. The mechanism of injury is described as a slip and fall. The patient has been diagnosed with sprain of neck. The patient's treatments have included chiropractic sessions, and medications. The patient has completed 12 chiropractic sessions. The physical exam findings dated 9/27/2013 states his cognition is intact, difficulty with climbing on table, gait favoring the right lower extremity. The patient moves about gingerly with stiffness, with no cane. The patient's medications have included, but are not limited to, Norco, Prilosec, and a compounded topical medication. The request is for additional chiropractic treatments times six. The patient has completed 12 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment to the Cervical and Lumbar Two Times week for Three weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional chiropractic sessions. The patient has completed 12 Chiropractic Sessions. There is lack of documentation that states why the patient would require additional session. There is also no indication in the MTUS for chiropractic session for the cervical spine. According to the clinical documentation provided and current MTUS guidelines; Additional session, as requested above, is not indicated as a medical necessity to the patient at this time.