

<b>Case Number:</b>	CM13-0062204		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Services, and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 07/24/2013 after a fall from a chair that reportedly caused injury to the patient's eye, neck and shoulder. The patient was initially treated with physical therapy and anti-inflammatory medications. The patient's most recent clinical evaluation documented that the patient had full range of motion of the cervical spine. The patient's diagnoses included posterior related injury with left-sided neck and shoulder pain, history of previous SLAP lesion of the right shoulder, right shoulder injury, and visual complaints of double vision. The patient's treatment plan included referral to an ophthalmologist and chiropractic care with continuation of work at full duty. The patient was also evaluated 2 weeks prior to the most recent evaluation by another physician that documented the patient had normal cervical range of motion, a negative cervical compression test, and minimal tenderness to palpation along the paracervical musculature. A treatment recommendation was also made by that physician for chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) outpatient chiropractic visits for the cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The requested 8 outpatient chiropractic visits for the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that a recommendation for chiropractic treatment was made by 2 different physicians. The patient was initially prescribed chiropractic treatment on 11/04/2013. The efficacy of this treatment was not established within the documentation. Therefore, additional treatment prescribed on 11/14/2013 would not be appropriate. California Medical Treatment Utilization Schedule recommends a 6 visit clinical trial to establish the efficacy of this treatment modality. The clinical documentation does not provide any evidence that the patient has had any functional benefit from the previously prescribed chiropractic care. Therefore, the appropriateness of continued chiropractic care cannot be determined. As such, the requested 8 outpatient chiropractic visits for the cervical spine are not medically necessary or appropriate.