

<b>Case Number:</b>	CM13-0063082		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 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:

According to the available medical records, this is a 55 year old female patient with chronic neck pain, low back pain, left shoulder pain and right lower extremity pain, date of injury 07/13/2009. Previous treatments include acupuncture, physical therapy, chiropractic, medications and injection. There was no report from the treating doctor pertaining to this request for 6 additional chiropractic visits. However, there was chart-notes from [REDACTED] for visits from 07/16/2013 to 08/29/2013 with patient continued to have pain in cervical, thoracic and lumbar spine and there was no document of objective functional improvement. In an appeal letter by the treating doctor dated 12/17/2013, it is noted that patient had chronic neck pain with bilateral upper extremity radiation, low back pain with bilateral lower extremity radiation, left shoulder pain, right lower extremity pain and headaches; remarkable physical exam findings noted: the patient was observed to be in moderate distress, there was tenderness noted in the spinal vertebral C4-7 levels, cervical myofascial tenderness was noted on palpation, motor strength examination no change from previous visit, sensory examination showed decreased touch sensation in the right upper extremity and with the C5-7 dermatome affected, ROM of the cervical spine moderately limited due to pain, tenderness was noted upon palpation at the spinal vertebral L4-S1, lumbar myofascial tenderness was noted on palpation, ROM of the lumbar spine was moderately limited secondary to pain, pain was significantly increased with flexion and extension, tenderness was noted in the right knee and in the medial and lateral joint lines with painful full range of motion and positive posterior edema; patient did not complete authorized chiropractic treatment course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional chiropractic therapy visits for cervical spine as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),, Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** The Physician Reviewer's decision rationale: It is uncertain how many authorized chiropractic treatments the patient did not complete as per the treating doctor report, however, there was no evidence of objective functional improvement documented with the previous visits. Based on the guideline cited above, the request for additional 6 chiropractic visits is not medically necessary.