

<b>Case Number:</b>	CM13-0065904		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/26/1984
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Chiropractics 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 64 year old female patient with chronic neck pain, date of injury 02/26/1984. Previous treatments include medications, massage therapy, chiropractic, physical therapy, acupuncture and epidural injection. Progress report dated 09/17/2013 revealed the neck is mildly tender with increased pain with rotation, the patient is still having quite a bit of neck pain. She is doing adjustments on her own which have been very helpful to keep her symptoms under control. The treating doctor recommend chiropractic adjustment once every two weeks for a year up to 24 visits. Patient retired. There is also a note dated 11/11/2013 from the treating doctor requesting modification for chiropractic care: the patient gets excellent relief from chiropractic treatments, her symptoms are less intense and much more tolerable, she has not had to take any prescribed pain medications, flares-up have also minimized. She is having increased neck pain radiating down her shoulders with some numbness and weakness. Previous chiropractic request is modified to 1x a week for 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment one (1) time per week for twelve (12) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** The Expert Reviewer's decision rationale: Reviewed of the available medical records did not document any recent flares-up and there is no evidence of objective functional improvement with prior chiropractic treatments. Based on the guidelines cited above, the request for chiropractic treatment 1x a week for 12 weeks is not medically necessary.