

<b>Case Number:</b>	CM14-0006739		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Chiropractor, 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 injured worker is a 38-year-old female who reported an injury on 10/28/2013 due to a motor vehicle accident. The injured worker reportedly sustained an injury to her shoulders, mid back, low back, and occipital ridge. The injured worker's treatment history included a lumbar brace, acupuncture, physical therapy, and medications. The injured worker was evaluated on 12/19/2013. It was noted that the injured worker had not received any chiropractic care to date. Physical findings included restricted range of motion secondary to pain described as 40 degrees in flexion, 15 degrees in extension, 15 degrees in left lateral bending, and 15 degrees in right lateral bending of the lumbar spine. The injured worker's diagnoses included subacute history of low back pain, and subacute history of axial neck pain. It was noted that the injured worker's neck pain had been almost completely resolved with conservative treatment. The injured worker's treatment plan included chiropractic care for the lumbar spine and cervical spine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2 X WEEK FOR 4 WEEKS FOR THE NECK AND BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [http://www.acoempracguides.org/Cervical and Thoracic Spine Disorders](http://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%20Disorders), 2nd Edition, Table 2 Cervical and Thoracic Spine Disorders

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

**Decision rationale:** The requested chiropractic 2 times per week for 4 weeks for the neck and back is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends manual therapy for patients who have chronic and acute low back pain. The clinical documentation submitted for review does indicate that the injured worker has not had any previous chiropractic care to the neck or back. The California Medical Treatment and Utilization Schedule recommends a trial of 6 visits to establish the efficacy of this treatment modality. Continued visits should be based on objective functional improvement. The requested 8 visits exceed this recommendation. The clinical documentation does not contain any exceptional factors to support extending treatment beyond Guideline recommendations. As such, the requested chiropractic 2 times per week for 4 weeks for the neck and back is not medically necessary or appropriate