

<b>Case Number:</b>	CM14-0008183		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Chiropractic Medicine 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 62 years old male patient with chronic neck, upper back, shoulders and low back pain, date of injury 12/15/2011. Previous treatments include medications, acupuncture, TENS, physical therapy and injection. Progress report dated 11/27/2013 by the treating doctor revealed patient presented with pain level 8/10, chiropractic treatments helpful, low back pain radiating to lower extremities with numbness, pins and needles increases when walking. Neck pain radiates to Upper Extremities Right greater than Left. Objective findings noted decreased sensation right lower extremities and right upper extremities. Treatment plan include Home Exercise Program, self TPT, US, continue TENS, chiropractic, medications. Patient to remain off work until 01/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 CHIROPRACTIC SESSION: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58-59

**Decision rationale:** Initial report dated 10/17/2013 from the treating doctor requested 6 sessions of chiropractic treatments and progress report dated 10/30/2013 noted that the patient started chiropractic treatment; however, there are no chiropractic treatment records available for review. There is no documentation of the number of treatments and outcomes. There are no document of objective functional improvement. Based on the guidelines cited above, the request for additional chiropractic treatments is not medically necessary.