

<b>Case Number:</b>	CM14-0013655		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 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 42 years old male patient with chronic neck pain, date of injury 12/28/2012. Previous treatments include medications, chiropractic, acupuncture and biofeedback. Progress report dated 11/14/2013 by the treating doctor reported continues chiropractic care with improvement of symptoms. There were some worsening symptomatology that required visits to the emergency room. Physical exam revealed +2 tenderness involving the craniocervical region, +2 tenderness involving the upper trapezius, +2 tenderness involving the cervical paraspinal area with full range of motion. Impression: status post closed head injury with scalp laceration, post concussion syndrome, musculoligamentous strain involving cervical paraspinal and upper trapezius region with secondary craniocervical headaches, aggravated migraines and sexual dysfunction. The patient is temporary totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY: CHIROPRACTIC CARE 3 TIMES PER WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** According to the available medical records, the patient has been receiving chiropractic care from September 2013 to October 2013. However, the number of visits is not known and there are no evidences of objective functional improvement. Based on the guideline cites above, the request for continue chiropractic care 3 times a week for 4 weeks is not medically necessary.