

<b>Case Number:</b>	CM14-0015633		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, has a subspecialty in Acupuncture, 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:

The patient is a 34-year-old female with a date of injury of 7/20/2013. According to the progress report dated 1/14/2014, the patient complained of continued neck and low back pain. Significant objective findings include decreased and painful range of motion in the cervical and lumbar spine. Cervical compression and distraction test were positive. Straight leg raise was positive bilaterally. The patient was diagnosed with cervical and lumbar sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC CARE, TWELVE (12) UNDEFINED TREATMENT SESSIONS NECK, AND LOWER BACK: 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), Chiropractic treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 58-60. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**Decision rationale:** The MTUS guidelines recommend a trial of 6 chiropractic visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional

improvement. Upon review of the medical records, the patient completed at least 5 chiropractic sessions based on the progress report submitted by the chiropractic provider dated 10/23/13, 10/30/14, 11/12/2013, 12/20/13, and 1/14/2013. There was no objective functional improvement documented from prior chiropractic visits. Therefore, the provider's request for additional 12 chiropractic sessions is not medically necessary at this time.