

<b>Case Number:</b>	CM14-0118136		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 41-year old female patient with chronic neck and low back pain, date of injury 02/25/2010. Previous treatments include chiropractic, medications, epidural injections, trigger point injection, and home exercises program. Chiropractic treatment report dated 07/02/2014 by the treating chiropractor revealed patient has completed 12 chiropractic rehabilitation visits with good progress. She was compliant with home exercise program. The patient reports improvement with regards to her pain level, strength and ROM (Range of Motion). Objective findings revealed mild cervical tenderness, palpable twitch positive trigger points in the muscle of the head and neck. ROM is full and painless. Lumbar spine ROM is full and painless, palpation revealed mild tenderness. Diagnoses include cervical radiculopathy and myositis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve chiropractic care visits:** Upheld

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

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

**Decision rationale:** The patient has completed 12 chiropractic visits with positive outcomes and she had been discharge from care. She also had been compliant with home exercises. The current request for 12 chiropractic visits, 1x per month for 12 months for supportive care is not medically necessary as CA MTUS guidelines, Twelve chiropractic care visits is not medically necessary.