

<b>Case Number:</b>	CM14-0133407		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Practice, 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:

This 62 yr. old female claimant sustained a work injury on 6/16/13 involving the neck and back. She was diagnosed with cervical strain and lumbar strain. She had been receiving ongoing chiropractic care and manipulation therapy. A progress note on 7/23/14 indicated the claimant had cervical and lumbar paraspinal tenderness, the range of motion in these areas were reduced. She had recently undergone Epidural Steroid Injections. The treating physician requested continuing home exercises and an additional 6 sessions of Chiropractor Therapy. She had already completed over 15 treatments of therapy over the past year. A treatment note on 7/30/14 indicated the claimant is responding slowly and functional range of motion was essentially unchanged over the prior few months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment to Cervical Spine, Thoracic Spine, Lumbar Spine 2x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, Chiropractor Therapy is recommended as an option for up to 6 visits. If there is evidence of functional improvement then a total of 18 sessions can be provided. In this case the claimant underwent several sessions of therapy that exceeded the recommended amount. In addition, recent visits did not indicate functional improvement in range of motion that would justify additional visits. The request above is not medically necessary.