

<b>Case Number:</b>	CM14-0158186		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 care 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 39 year old female with chronic pain in the neck, upper back, mid and low back, date of injury 02/24/2009. Previous treatments include bracing, physical therapy, chiropractic, acupuncture, medications, epidural injection, IF unit and home exercise. Progress report dated 06/05/2014 by the requesting doctor revealed the patient reports of constant neck pain radiates to the head, upper back and bilateral upper extremities, pain is dull, achy and sharp, 2/10 on pain scale; frequent mid back pain radiates to the neck and low back, pain is dull, achy and sharp, 4/10 on pain scale; frequent low back pain radiates to the mid back, buttock and bilateral feet, pain is dull, achy and sharp, 4/10 on pain scale. Cervical spine exam noted tenderness and hyper-tonicity upon palpation of the cervical paravertebral muscles and upper trapezius musculature bilaterally, ROM decreased in all planes, positive shoulder depression bilaterally, diminished sensation to light touch in the C6 nerve root distribution of the right upper extremity. Thoracic ROM decreased in all planes, bilateral paraspinal musculature tender to palpation. Lumbar ROM decreased in all planes, bilateral lumbar paravertebral muscles tender and hypertonic, positive straight leg raise on the right, diminished sensation to light touch in the L4 nerve root distribution of the right lower extremity. Diagnoses include cervical spine sp/st, cervical radiculopathy, thoracic spine sp/st, lumbar spine sp/st, lumbar radiculopathy. The patient has been working full duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week times 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:** The claimant presents with ongoing neck and back pain despite conservative treatments. The available medical records noted she has completed 7 chiropractic treatments on 04/22/2014 and another 7 treatments on 07/30/2014. The claimant has ongoing chiropractic evaluation on a monthly basis and attended periodic chiropractic treatment with no evidence of objective functional improvement. As maintenance care is not recommended by MTUS guidelines, the request for chiropractic therapy 2 times a week for 4 weeks is not medically necessary.