

<b>Case Number:</b>	CM14-0170856		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 with chronic neck pain; date of injury is 08/15/2005. Previous treatments include medications, injections, chiropractic, and home exercise. Progress report date 10/02/2014 by the treating doctor revealed injured worker has pain in the neck, left hand numbness/tingling. Neck ROM decreased by 10% in all planes, negative Spurling, decreased sensation in left shoulder. Injured worker has finished 8 chiropractic treatments. Diagnoses include myofascial pain syndrome, chronic cervical strain. The injured worker remained off work. Chiropractic progress report dated 09/29/2014 by the treating chiropractor revealed injured worker stated 30% overall improvement in neck pain and decreased frequency of right upper extremity numbness, treatment has enabled her to gradually return to her ADL's and pastime activities, up to 30 minutes, whereas before she would stop after 15 minutes. Objective findings revealed improved cervical lateral flexion and rotation motion bilaterally, slight/moderate myospasm of the right trapezius, levator and rhomboid musculature, maximal compression elicits localized pain on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The claimant presents with chronic neck pain that has had improvements with chiropractic treatments. She has completed 8 chiropractic treatments with 30% improvement in neck pain and decreased frequency of right upper extremity numbness, range of motion also noted to improved, and she is able to return to her ADL's activities longer than before. Based on the guidelines cited above, the request for additional 8 chiropractic visits is medically necessary.