

<b>Case Number:</b>	CM14-0029327		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 50 year old male patient with chronic neck pain, date of injury 05/22/2013. Previous treatments include chiropractic, medications, physical therapy and epidural steroid injection. Supplemental report dated 02/16/2014 by the treating chiropractor revealed the patient has continued to improve with the conservative care provided to date. He reports continued improvement in sensation in the C6 dermatomes of this left hand, and in particular the distal aspect of his left first digit. He has noted increased strength in his left triceps and grip, and noted improved tone of the muscles in the posterior of his left arm. He noted increased symptoms with any activity requiring cervical flexion, and in particular noted that riding in the fire truck, with his air-pack on increased symptoms in his upper left extremity. He specifically noted a pins and needles sensation following any periods of prolonged cervical flexion. Cervical ROM has normalized with minimal discomfort evident, tenderness in the C7-T2 levels at extremes of extension, the atrophy of his left triceps has improved and he is able to contract it forcefully. The patient's grip strength reduced about 10% on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 & 173 - 175, Chronic Pain Treatment Guidelines Cervical/thoracic Spine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 58-59.

**Decision rationale:** It is noted that this patient has completed 16 chiropractic visits prior to this request. The request for additional 12 chiropractic visits exceeded the total visits of 18 per CA MTUS guideline recommendation and therefore, not medically necessary.