

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0033381 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 10/26/2000 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2014 |

### 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, 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 52 years old female patient with chronic neck pain, date of injury 10/26/2000. Previous treatments include medications, injection, TENS unit, physical therapy, chiropractic and acupuncture. Progress report dated 12/06/2013 by the treating doctor revealed current complaints of occipital and frontal headache, intermittent, dull and achy, slight to moderate in nature. The pain is better with Celebrex, ice and chiropractic treatment and worse with forward flexion. Neck pain that is intermittent, slight to moderate in nature, the pain radiates into upper back and shoulders, better with Celebrex, ice and chiropractic and worse with forward flexion. Bilateral shoulder pain, intermittent and achy, slight to moderate in nature. The pain radiates into top of shoulders, shoulder joints, shoulder blade and trapezial area. Bilateral arm and forearm pain, intermittent and achy, slight to moderate in nature. Bilateral elbow pain, achy, slight to moderate in nature on the right and moderate on the left. Bilateral wrist and hand pain, occasional and achy, minimal in nature. Upper back pain, intermittent and achy, slight to moderate. Mid back pain, intermittent, slight to moderate. Cervical examination revealed trigger points at the posterior neck areas bilaterally. Spasm of the trapezius muscle. The rest of the exam is within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 2 X 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58/127.

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

**Decision rationale:** CA MTUS guideline recommend chiropractic care as therapeutic with a trial of 6 visits over 2 weeks, with evidence of objective functional improvements. This patient has had chiropractic treatments from September to November 2013 with no document of objective functional improvement. The request for additional 2x3 chiropractic treatments is therefore, not medically necessary.