

Case Number:	CM14-0037251		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2013
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 a Licensed Chiropractor 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 32 year old female with chronic lumbar pain, bilateral shoulders and upper extremity pain and neck pain, date of injury 07/09/2013. Previous treatments include physical therapy, chiropractic, medications, TENS unit, and home exercise program. Progress report dated 02/18/2014 revealed improved low back pain, bilateral legs "fall asleep" with sitting, bilateral upper extremities improved, neck pain improved. Exam revealed positive bilateral shoulder depression, positive bilateral foramina compression (R>L), positive bilateral Kemp's (R>L). Diagnoses include cervicalgia, cervical disc syndrome, low back pain, radicular syndrome, and sensation disturbance. Chiropractic exam report date 02/18/2014 revealed lumbar spine tenderness, low back pain 3/10, neck/upper back pain 5/10, positive bilateral shoulder depression, positive bilateral foramina compression and positive bilateral Kemp, cervical and lumbar ROM (range of motion) restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional chiropractic visits for the lumbar spine, 2 times a week for 4 weeks, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); table 2, summary of recommendations, low back disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Review of the available medical records noted this patient had been return to regular work duties, she has completed 42 visits of chiropractic care with a TENS unit for home use and a home exercise program. Based on the guidelines cited above, the request for additional 8 chiropractic visits exceeded the guideline recommendation and therefore, not medically necessary.