

<b>Case Number:</b>	CM14-0043158		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 57-year-old male was reportedly injured on 1/12/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/27/2014, indicated that there were ongoing complaints of neck pain radiating to the right shoulder. The physical examination demonstrated cervical spine subluxation of C6-C7, T6-T7, T8 segments and sacrum, pelvic area, L4-L5 segments. Posture analysis revealed all findings, including leg length, are within normal limits. No recent diagnostic studies are available for review. Previous treatment included 24 sessions of chiropractic care, medications, and conservative treatment. A request had been made for chiropractic visit x #1 and was not certified in the pre-authorization process on 3/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visit X1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

**Decision rationale:** CAMTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks is supported. After review of the available medical records, there was no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, 24 visits exceed the maximum visits allowed by treatment guidelines. As such, this request is not considered medically necessary.