

<b>Case Number:</b>	CM14-0043795		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### **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 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 53 years old female patient with complain of pain in the upper thoracic spine pain, date of injury 02/05/2014. Previous treatment include medications and chiropractic. There is no medical records pertaining to this request for additional 6 chiropractic visits. Progress report dated 03/24/2014, 2 weeks after the request date, revealed patient returned for followup and treatment for her upper back complaints. Pain complaints continue to settle with passage of time and recent serial treatment. Pain complaints are now absent at times. Exam revealed obvious improvement with less tenderness and muscular guarding, improved segmental mobility as well. Impression: acute mechanical neck and back pain resolving with treatment. Patient has been compliant with home care exercise. Patient was given a return to work slip for 04/01/2014 without restriction for 4 hours per day. The patient has previously certified for 12 chiropractic visits on 02/27/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic visits x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation and Functional Improvement.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 173 and on the MTUS Chronic Pain Medical Treatment Guidelines, page 58-59.

**Decision rationale:** Reviewed of the available medical records revealed patient was making significant improvement with chiropractic care and home exercise, and that her upper back condition is resolving and she is returning to work. The request for additional 6 chiropractic visits is within the 18 visits total recommendation by CA MTUS guidelines and therefore, is medically necessary.