

<b>Case Number:</b>	CM14-0067323		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### **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 55 year old male patient with chronic neck and back pain, date of injury 11/04/2009. Previous treatments include medications, chiropractic, injections, and home exercises. Progress report dated 04/24/2014 by the treating doctor revealed patient with low back and neck pain, chiropractic adjustment twice a month has been helpful.

Physical exam note neck is tender to the right of C5 and midline associated with increased tone in the trapezii bilaterally with rotation of 45 degrees left and right and lateral 20 degrees, flexion and extension are normal but uncomfortable. Lumbar spine tightness and hamstrings with slight spasms, he is slow with movement and has increased tone. Diagnoses include degenerative disc disease of the cervical and lumbar spine, impingement left shoulder. The patient is recommended to continue with self strengthening, medications and chiropractic adjustment 1x a week for 4 weeks. The patient is retired.

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

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

**Chiropractic Adjustments to the Neck and Low Back 1x a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, pages 58-59.

**Decision rationale:** The patient has a chronic neck and low back pain that started in 2009. The available medical records show he has been follow up on a monthly basis with the treating doctor and requesting chiropractic treatment twice a month to be "curative". There is no documentations of previous chiropractic treatments and no evidence of functional improvement. The patient still receiving ongoing medical care. There is no report of recent flares up of his neck and back pain. Based on the guidelines cited above, the request for chiropractic treatment 1x a week for 4 weeks is not medically necessary.