

<b>Case Number:</b>	CM14-0068325		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/22/2014
<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 a Board Certified 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 43 year old female patient with chronic neck and low back pain, date of injury 06/21/2002. Previous treatments include medications, home exercise program, chiropractic, physical therapy and neck surgeries. Treating doctor progress report dated 03/19/2014 revealed the patient with ongoing neck and low back pain, her pain increased with her ADLs. Examination revealed tenderness to palpation of the cervical, thoracic and lumbar musculature, mild to moderate muscle spasms are presented, the spasms remain on the L.R, ROM of the cervical spine decreased in all fields due to pain with movement, well healed surgical scars remain, Spurling's test positive on the left, tenderness in the lumbosacral junction and SI joint bilaterally. The patient had 3 failed cervical surgeries. Diagnoses include cervical disc displacement, cervico/thoracic and lumbo/sacral myofascitis and lumbar disc degeneration. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic visits:** Upheld

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

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

**Decision rationale:** This patient is suffering from ongoing neck and low back pain that she has been going for medical treatments on a monthly basis for medication refills. Past medical records noted that she has had chiropractic treatments, and most recently there are 4 chiropractic treatments requested on 01/13/2014 and another 4 chiropractic visits requested on 02/12/2014. There are no treatment records for any chiropractic visits available for review. However, there is no evidence of objective functional improvement documented and the request for 4 visits also exceeded CA MTUS guidelines recommendation of 1-2 visits every 4-6 months for flares up. Therefore, the request is not medically necessary.