

<b>Case Number:</b>	CM14-0127152		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Chiropractor (DC), 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 27 year old female with chronic neck and left upper extremity pain, date of injury is 01/13/2014. Previous treatments include physical therapy, acupuncture, and chiropractic. Progress report dated 06/30/2014 by the treating doctor revealed patient complains of left shoulder pain 6/10, neck pain 7/10, left elbow pain, 7/10, left wrist pain, 7/10, and left hand pain, 8/10. Objective findings include positive Soto Hall, positive left maximal foraminal compression test, and restricted range of motion (ROM). Diagnoses include cervical disc protrusion with radiculopathy, left elbow derangement, and left shoulder derangement. Four chiropractic visits requested and the patient returned to modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic sessions, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy and Manipulation.

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

**Decision rationale:** The claimant presented with ongoing neck pain and left upper extremity pain despite previous treatments with acupuncture, physical therapy, and chiropractic. It is unclear how many chiropractic treatments the claimant has had, however, there is no document of objective functional improvement from those visits, and there is no current therapeutic exercise program recommended. Based on the guidelines cited, the request for additional 8 chiropractic visits for the cervical is not medically necessary.