

<b>Case Number:</b>	CM14-0188185		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 licensed 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 62 year old male with chronic pain in the neck, low back, and right shoulder, date of injury is 09/01/2010. Previous treatments include medications, physical therapy, chiropractic, and home exercises. Chiropractic progress report dated 10/01/2014 revealed patient complained of constant neck and upper back pain. The patient currently retired and on disability. Examination noted paresthesia has diminished significantly, cervical spine still shows some loss in ROM, low back ROM are doing much better. Diagnoses include lumbosacral sp/st and cervical and thoracic joint fixation. Treatment plan include chiropractic manipulation with physiotherapy and home exercises. The patient has been seen 1x/2 week since July 07/2014. Chiropractic progress report dated 05/24/2014 revealed patient with neck and low back pain. Examination revealed significantly limited ROM of the lumbar spine, he was unable to touch his toes by 18", and needed support to rise from seated to standing position, pain on palpation of the right SI joint and L5-S1 interspace, numbness and tingling in the hands with no pain on cervical compression test, or forced ROM test. The patient has completed 9 treatments from 04/18/2014 to 05/20/2014. Progress report dated 09/24/2014 by the treating doctor revealed patient with neck pain, flare up of low back pain is now improved, numbness to bilateral little fingers. Objective findings revealed tenderness to cervical spine with guarding and decreased ROM. Diagnoses include cervical disc disease, right shoulder impingement syndrome, and lumbar disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic Treatment, 10 sessions; 12 times a week for 5 weeks for the cervical spine:** Upheld

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

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

**Decision rationale:** The claimant presented with chronic neck and low back pain. Reviewed of the available medical records showed he has completed 12 chiropractic treatments for the cervical spine with improvement documented in pain reduction, paresthesia reduction, and ROM improvement. Current progress reports on 09/24/2014 by the treating doctor noted some tenderness and decreased cervical ROM, chiropractic progress report dated 10/01/2014 also note some loss of cervical ROM, there is no other objective findings for the cervical spine and there is no other functional deficits documented. The request for 10 chiropractic treatments also exceeded the guidelines recommendation for chiropractic treatments. Therefore, it is not medically necessary.