

<b>Case Number:</b>	CM14-0206952		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractor

### 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 33 year old male with head, neck, and back pain, date of injury is 09/09/2014. Previous treatments include modified work, chiropractic, medications, and injections. Progress report dated 10/24/2014 by the treating doctor revealed patient's injury is worse, 25% worse without new trauma, patient completed 9 chiropractic visits. Patient complaints of 10/10 sharp pain in upper and lower back, 10/10 sharp and constant head pain, 10/10 neck pain. Musculoskeletal exam revealed neck muscle tenderness in the trapezius. The remainder of the exam is unremarkable. Diagnoses include pain in left shoulder joint, pain in left neck, left shoulder sp/st, left cervical sp/st, and contusion of face scalp. The patient continued to be on modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic Treatment QTY: 6:** 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 Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing severe neck and back pain despite previous treatments with medications, injections, and chiropractic. The claimant completed 9 chiropractic visits with 25% worse pain. Based on the evidences based MTUS guidelines, the request for additional 6 chiropractic treatment is not medically necessary.