

<b>Case Number:</b>	CM14-0099503		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old male with an injury date of 12/30/2012. Based on the 04/01/2014 progress report, the patient complains of cervical spine pain which he rates as a 3/10, thoracic spine pain which he rates as a 3/10, and lumbar spine which he rates as a 1/10. The 04/30/2014 report indicates that the patient rates the cervical spine pain as a 2/10, thoracic spine pain as a 3/10, and lumbar spine as a 1/10. The patient had a positive Kemp's test. The patient's diagnoses include the following: 1. Cervical spine HNP. 2. Thoracic spine sprain/strain. 3. Lumbar spine DD-resolved. The utilization review determination being challenged is dated 06/02/2014. There are 2 treatment reports provided from 04/01/2014 and 04/30/2014. Both reports are handwritten and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments 2-3 Times Per Weeks for 4 Weeks:** Upheld

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

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

**Decision rationale:** The patient presents with cervical spine pain, thoracic spine pain, and lumbar spine pain. The request is for CHIROPRACTIC TREATMENTS 2 TO 3 TIMES PER WEEK FOR 4 WEEKS. MTUS Guidelines pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The reason for the request is not provided. In this case, there is no documentation of any recent surgery and it appears that the patient has not had any prior chiropractic care. MTUS Guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. Review of the reports does not indicate if the patient has had a trial of 3 to 6 sessions of chiropractic care and the requested 8 to 12 sessions exceeds what is allowed by MTUS Guidelines. Therefore, the requested chiropractic treatment IS NOT medically necessary.