

<b>Case Number:</b>	CM15-0140630		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/27/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

The injured worker is a 27 year old female who sustained an industrial injury on 5-27-2015. She fell on a wet floor while walking in the store hitting her head on a shelf. She immediately felt pain to her head, neck, right arm, right leg, and right foot. Diagnoses included cervical sprain strain, cervical myofasciitis, and rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, right shoulder sprain strain, right shoulder muscle spasm, right forearm strain, and right hip sprain strain. Treatment has included chiropractic care. Cervical ranges of motion were decreased and painful. There was tenderness to palpation of the cervical paravertebral muscles. Cervical compression caused pain. Right shoulder ranges of motion were decreased and painful. There was tenderness to palpation of the lateral shoulder and medial border of the scapula. There was muscle spasm of the medial border of the scapula. The right forearm ranges of motion were decreased and painful with tenderness to palpation of the volar forearm with muscle spasm. The right hip range of motion was decreased and painful with tenderness and spasm. The treatment plan included chiropractic care. The treatment request included continuing chiropractic 3 x 6 for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuing Chiropractic 3x6 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Manipulation - Chiropractic guidelines.

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

**Decision rationale:** The claimant presented with pain in the neck, right arm, right leg, and right foot. Reviewed of the available medical records showed she has completed 7 chiropractic treatment visits to date, however, there is no document of objective functional improvement. The claimant continued to stay off work duties. The request for additional 18 visits also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.