

<b>Case Number:</b>	CM14-0183387		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Chiropractic care 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 21 year old male with chronic pain in the neck, low back, and right ankle, date of injury is 05/07/2013. Previous treatments include chiropractic, bracing, medications, and physical therapy. Progress report dated 10/03/2014 by the treating doctor revealed patient complains of low back pain, neck pain, headaches, bilateral shoulder pain, right ankle pain, left lower extremity numbness/tingling, bilateral upper extremities numbness/tingling, testicular pain, patient has improved since last report, less pain, more flexibility. Objective findings include restricted ROM, myospasm, palpable cervicothoracic and lumbosacral pain, palpable pain bilateral shoulders and right ankle. Diagnoses include cervicothoracic sp/st, lumbosacral sp/st, bilateral shoulder sp/st, and right ankle sp/st. Treatment plan include testicular evaluation, continues chiropractic treatment 2x a week for 4 weeks, and acupuncture 1 times a week for 6 weeks. The patient returned to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times 4:** 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 Page(s): 58-59.

**Decision rationale:** The claimant presents with ongoing pain in the neck, low back, shoulder and ankle despite previous treatments with bracing, medications, physical therapy, and chiropractic. Reviewed of the available medical records showed multiple chiropractic treatments plan requested. The total number of chiropractic sessions the claimant has completed to date is unknown, and there are no evidences of objective functional improvement documented. Based on the guidelines cited, the request for additional 8 chiropractic treatments is not medically necessary.