

<b>Case Number:</b>	CM14-0183803		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/13/2014
<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 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 24 year old female with complains of neck and left shoulder pain, date of injury is 05/29/2014. Previous treatments include physical therapy, chiropractic, home exercise program, and medications. Progress report dated 10/22/2014 by the treating doctor revealed the patient complains of 0/10 left shoulder pain, 4/10 neck pain, 0/10 upper back pain. Objective findings include cervical ROM slightly decreased due to pain, tenderness with slight hypertonicity. Diagnoses include left shoulder sp/st, neck sprain, thoracic region sprain, and spasm of muscle. The patient is on regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic treatment for neck or low back pain

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

**Decision rationale:** The claimant presents with ongoing neck pain. Reviewed of the available medical records showed she has completed 4 chiropractic visits in June, 2014 with improvement

in subjective pain level (4/10 neck pain) and normal cervical ROM, 3 visits in July with further decreased in neck pain at 3/10, and 6 visits in September with pain level at 4/10 and normal cervical ROM. There is no evidences of further objective functional improvements noted, the patient ROM is normal, pain level remained the same, and she has returned to regular work duty. Based on the guidelines cited, the request for Chiropractic Therapy is not medically necessary.