

<b>Case Number:</b>	CM14-0021575		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### **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 51 year old female patient with chronic neck and back pain, date of injury 06/14/2013. Previous treatments include medications, physical therapy, chiropractic and physiotherapy. Progress report dated 02/06/2014 by the treating doctor revealed patient was having severe pain radiating from the left upper back into the left chest. Exam revealed mild limp favoring the right lower extremity, swelling and pain of right forearm, hand and fingers, positive right median and cubital tunnel compression tests, moderate restriction of cervical and lumbar ROM, positive right SLR, diminished right lower extremities reflexes, weakness and radicular pain L5, S1 nerves. Diagnoses include cervicobrachial radiculopathy, cervicalgia, cephalgia, thoracic pain and radiculitis, lumbago and lumbar radiculitis. The patient remained off-work until 04/30/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiropractic Treatment 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

Chronic Pain page 58-59.

**Decision rationale:** Review of the available medical records shown this patient has had ongoing chiropractic care since 09/25/2013, with at least 8 treatments requested on 01/23/2014. However, there is no evidence of functional improvement, there is no home exercise program, and the patient is still off-work. Based on the guidelines cited above, the request for additional 6 chiropractic treatments is not medically necessary.