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| <b>Case Number:</b>   | CM13-0058964 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 05/10/2013 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 11/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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 a licensed Doctor of 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 56 year old female with chronic neck and back pain, date of injury is 05/10/2013. Previous treatments include medications, chiropractic, physical therapy, lumbar support. Progress report dated 11/07/2013 by the treating doctor revealed patient complaining of pain. Objective findings include pain with ROM. Assessment include sprain/strain of the cervical/thoracolumbar/lumbosacral spine. Treatment plan to continue chiropractic 2x a week for 3 weeks, and Polar Frost. The patient returned to work modified duties

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic twice a week for three weeks for cervical/thoracic/lumbar spine:** Upheld

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

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

**Decision rationale:** The claimant presents with ongoing neck and back pain despite previous treatments with chiropractic, physical therapy and medications. There is no document of objective functional deficits on the recent progress report. The available medical records showed

she has completed 6 chiropractic treatments on 08/23/2013 and 12 treatments on 10/04/2013. Based on the guidelines cited above, the request for additional chiropractic treatments 2 x 3 is not medically necessary.