

<b>Case Number:</b>	CM13-0005799		
<b>Date Assigned:</b>	05/19/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Board Certified in Chiropractic and is licensed to practice in Georgia. 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:

This is a 30-year-old female with a 3/22/2012 date of injury, due to a slip and fall. On 3/18/13, AME identified constant low back pain and associated right groin and posterior thigh pain rated 8/10. There was anterior shoulder pain rated 7/10, lifting increased shoulder pain. The exam revealed tenderness over the posterolateral cervical musculature. There was decreased cervical range of motion with pain. The biceps and brachioradialis were 1+ and equal. The triceps were trace and equal. There was diffuse shoulder tenderness primarily anterior and superior. The abduction was 90, adduction 30, forward flexion 95, and backward was 20. The low back revealed decreased tilt bilaterally with increased pain to the right. It was notated 4+/5 quadriceps and hamstring strength with association was noted with slight knee pain. The Patrick's test was at 70% anticipated normal, which was limited by groin pain. Squat was limited by right anterior thigh pain. The AME indicated that on 11/5/12 chiropractic care was initiated. The 4/1/13 report by [REDACTED], identifies that the patient had completed 10 chiropractic sessions with decrease in pain. She remained limited in her activity level due to pain. A request was made for continued chiropractic treatment for the neck and back. On 4/26/13, a chiropractic note identified that the patient was seen for 6 treatments from 3/15-4/26/2013. There continued to be decreased range of motion in the cervical and lumbar spine. The 5/9/13 medical report by [REDACTED], identified that the patient continued with chiropractic treatments and had 6-8 visits so far with decrease in pain. The report identified a request to 8 additional chiropractic visits for the neck, back, and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT FOR THE NECK, BACK, AND SHOULDER qty: 8.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS: American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 12, Low Back Complaints, page 173, 298-299; and on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain; and on the Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back Chapter, and Shoulder Chapter.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 18 visits is supported for the neck and low back, and up to 9 sessions for the shoulder. The patient had functional deficits in all the body parts requested for treatment. However, the specific number of sessions completed to date was not clearly delineated. Apparently, the patient had 10 chiropractic treatments from November 2012 to April 1st, 2013. However, on a later April note there was indication that the patient had 6 treatments from 3/15-4/26/2013, and on a May note, records indicate that the patient has had 6-8 treatments done. In addition, there was only indication of decreased pain without clear indication of specific objective functional improvement to each of the body parts treated. The functional goals proposed for each body part were also not established, including special circumstances for which chiropractic treatment would be necessitated beyond the recommended number of sessions set forth by appropriate guidelines. There was insufficient documentation to support the medical necessity of continued chiropractic treatment. Such as, chiropractic treatment for the neck, back, and shoulder is not medically necessary.