

<b>Case Number:</b>	CM13-0023455		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 licensed in Chiropractic Services, has a subspecialty in Pediatric Chiropractic Services 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:

The injured worker is a 50 year old male with an original date of injury of 9/12/06. The mechanism of injury occurred when the patient was lifting and pulling boxes. The patient has also been treated medically with 2 right shoulder arthroscopy procedures. The recommendation by the referring physician is for epidural steroid injections, as well as chiropractic care. The injured worker has not undergone chiropractic treatments. There was no indication as to why the injections were insufficient for these complaints. The disputed issue is a request for 12 chiropractic treatments for the right shoulder and lumbar spine, with sessions 2 times a week for 6 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2 X6 TO THE RIGHT SHOULDER AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Manual therapy & Manipulation,Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations. Pages 58-60 Page(s): 58-60.

**Decision rationale:** The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, there is no clear statement of medical necessity for this treatment, considering the additional treatment of epidural steroid injections. The request for 12 chiropractic treatments for the right shoulder and lumbar spine is not medically necessary and appropriate.