

<b>Case Number:</b>	CM13-0026215		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 medical records provided for review, this is a 42 year old male patient with right shoulder and low back pain. Previous treatments include medications, physical therapy, and exercise. The report on 07/16/2013 by [REDACTED] revealed constant sharp, shooting, aching, and throbbing pain in the lumbar spine rated 8-10. The patient reported that prolonged sitting, bending, walking, standing, driving, getting in and out of the car, and carrying increase the pain. Patches, heat, and ice help decrease the pain. The patient reported sleeping difficulty, and right shoulder pain rated 7-8 out of 10. Repetitive movements, reaching above shoulder level, getting dressed, pushing, and pulling increased the pain. The exam revealed slight tenderness of the lumbar spine paravertebral muscles bilaterally with muscle guarding, drop-arm test positive on the right, apprehension and impingement abduction tests are positive on the right, straight leg raising test positive on the right at 20 degrees, sitting root test positive on the right, standing Kemp test positive bilaterally, hypoesthesia at L5-S1 on the right; range of motion of the lumbar spine decrease in all range with pain, range of motion of the right shoulder decreased in all range with pain; diagnoses include lumbar spine myofasciitis with radiculitis and 2 level disc injury, right shoulder impingement syndrome, and sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the right shoulder and low back 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** ACOEM Guidelines only recommend manipulation by a manual therapist for frozen shoulders. A review of the submitted medical records indicates that this patient's current diagnosis is shoulder impingement syndrome. MTUS Chronic Pain Guidelines recommended chiropractic manipulation for the low back as an option. The Guidelines indicate a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for a total of 18 visits over 6-8 weeks. The request for 8 visits exceeds the MTUS Chronic Pain Guidelines' recommendations. The request for Chiropractic care for the right shoulder and low back 2x4 is not medically necessary and appropriate.