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| <b>Case Number:</b>   | CM13-0034480 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 01/12/2011 |
| <b>Decision Date:</b> | 03/11/2014   | <b>UR Denial Date:</b>       | 09/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic , has a subspecialty in Chiropractic Sports 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 60 year old female who injured her low back and shoulder on 1/12/11 without mechanism of injury being found in the records. She has apparently been treated with Chiropractic, Physical therapy, acupuncture and medication for some time but the total treatment time of each is unclear. The patient has apparently been T.T.D. since her injury. There are no Diagnostic studies to be found or reviewed. According to the Chiropractor the diagnosis are Lumber strain/sprain, shoulder strain/sprain, and sciatica. The medical doctor on 11/7/13 stated that the low back pain is getting worse with the discontinuation of the chiropractic treatment affecting the ADL's. The patient retired on 6/15/12. The request for treatment appears to be for the shoulder with Chiropractic treatment of 2 treatments per week for 8 weeks or a total of 10 treatments. It is not clear if low back treatment is being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) chiropractic physiotherapy sessions between 9/23/2013 and 11/22/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines , manipulation is recommended for chronic pain if caused by Musculoskeletal conditions. The intended goal or effect of Chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over two weeks.