

<b>Case Number:</b>	CM13-0039755		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 & Acupuncture 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 claimant sustained a work related injury on 8/8/2008. His diagnoses are left shoulder pain, left shoulder tendinopathy, low back pain, lumbar spine myospasm, and discogenic low back pain. Prior treatment includes shoulder surgery, physical therapy, chiropractic, oral medication, epidural injections, and a back brace. Per a PR-2 dated 9/18/2013, the claimant has low back and left shoulder pain with limited range of motion (ROM) in the left shoulder. The current request is for 12 further sessions of chiropractic therapy. He is on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPHYSIOTHERAPY 2X6 FOR THE LUMBAR AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

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

**Decision rationale:** According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The provider is requesting a continuation of chiropractic

treatments. However the provider failed to document functional improvement associated with past chiropractic visits. It is unclear how many prior sessions have been rendered and there is no documentation of prior outcomes. Therefore further chiropractic is not medically necessary. If this is a request for an initial trial, 12 sessions exceeds the recommended guidelines for an initial trial.