

<b>Case Number:</b>	CM13-0047567		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 available medical records, this is a 50 year old male with chronic neck pain, left shoulder pain and lower back pain, date of injury 03/01/2010. Previous treatments include medication, physical therapy, and left shoulder injection. There were no medical records associated with this request for 3 chiropractic treatments for the cervical spine. The latest progress report dated 08/28/2013 by [REDACTED] revealed left shoulder pain has worsened and the effects of the injection have worn off, the effects of the shot lasted 1 month where he had no pain, with at/above shoulder level activities the left shoulder pain increases; exam revealed numbness in the left median nerve distribution, C6 dermatome, tenderness to palpation in the thoracic paravertebral muscle R>L, left shoulder Neer's and Hawkin's impingement signs, anterior acromial tenderness, mildly painful arc, supraspinatus +4/5; diagnoses include left shoulder impingement syndrome, cervical disc protrusions C5-7, thoracic strain; he has now had a cortisone injection and physical therapy and the pain is as bad as ever, patient elected to go forward with left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 chiropractic treatments for the cervical spine, once a week for 3 weeks, as an outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

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

**Decision rationale:** There were no available medical records that document the recent flares-up and functional loss, the patient had been returned to work full duty without limitations or restrictions. Based on the guidelines cited above, 3 chiropractic treatments for the cervical spine are not medically necessary.