

<b>Case Number:</b>	CM13-0047847		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/28/2013
<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 an 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:

The patient is a 51 year old female who sustained cumulative trauma injuries to her knees, left shoulder, and lower back according to the agreed medical examiner report from 6/7/11. The injuries occurred over the course of several years, from 8/26/02 to 2/27/09. Symptoms reported include pain and weakness in the left shoulder, pain in both knees, headaches, and low back pain with radiating pain into both legs per the medical examiner's report. The patient has been treated with chiropractic care and has been prescribed numerous medications. Diagnoses assigned by the primary treatment physician include lumbar disc herniation, radiculitis, myalgia, myospasm, and enthesopathy. An MRI of the lumbar spine performed on 5/22/09 showed a 2mm disc protrusion at L2-L3, a 3mm disc protrusion at L3-L4, a 3mm disc bulge at L4-L5, a 4mm disc protrusion at L5-S1, and moderate hypertrophic facet changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**chiropractic / physiotherapy / therapeutic exercises / manual therapy twice a week for two weeks:** Upheld

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

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

**Decision rationale:** This is a chronic case. The records provided for review are extensive, and exclusive to the patient's shoulder injury. It is unclear if the patient received any prior chiropractic therapy to the lumbar spine from the records provided. The MTUS defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine 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." The same section also states that manipulation is "recommended as an option." However, given that chiropractic records do not exist, the request is non-certified.