

<b>Case Number:</b>	CM13-0051247		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

According to the available medical records, this is a 61 year old male patient with chronic low back pain, right shoulder pain and right side neck pain, date of injury 04/15/2013. The previous treatments include medications, chiropractic and physical therapy for the lumbar spine, acupuncture and home exercises. The progress report dated 10/07/2013 by the treating doctor revealed patient complained of worsening right trapezial pain as well as right-sided neck pain that radiates into his shoulder, the symptoms seems to be increasing in severity and he continues to have his shoulder and rotator cuff tear as well. The patient having worsening pain on palpation of the right trapezius and neck. The physical exam on 10/07/2013 shows no changes in physical exam since his last visit on 09/09/2013. There is no physical exam of the neck reported on 09/09/2013. The patient continued temporary totally disabled for another 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT (2-3 TIME/WEEK FOR 6-8 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): 58-59.

**Decision rationale:** There is no physical exam of the neck and no functional deficits of this patient's neck condition reported. The request for chiropractic 2-3 times a week for 6-8 weeks, totalled of 12-24 visits, also exceeded the CA MTUS guidelines recommendation of 6 trial visits over 2 weeks. Therefore, it is not medically necessary.