

<b>Case Number:</b>	CM13-0066013		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 52-year-old gentleman who was reportedly injured on February 21, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 8, 2013, was handwritten and difficult to read. Prior notes dated September 16, 2013, indicated that there were ongoing complaints of low back pain and right shoulder pain. The injured worker stated that his overall condition has improved. The physical examination demonstrated diffuse tenderness about the right shoulder and lumbar spine tenderness at the left over L5-S1. There was decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5-S1 without canal stenosis. Previous treatment included physical therapy. A request was made for eight additional chiropractic visits for the lumbar spine and the right shoulder and was not certified in the pre-authorization process on November 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIRO X8 VISITS FOR THE LUMBAR SPINE AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 58-59 of 127.

**Decision rationale:** A review of the medical record indicates that the injured worker has had 12 chiropractic visits. The efficacy and outcome of these visits is unknown. As such, this request for an additional eight chiropractic visits for the lumbar spine and the right shoulder are not medically necessary.