

<b>Case Number:</b>	CM14-0106903		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 50 year old male who was injured on 3/20/07 without the mechanism of injury being given in the records. The main diagnosis given is lumbar radiculitis with other diagnoses of cervical disc degeneration, post-surgical right shoulder subacromial decompression, A-C joint resection and debridement of a labral tear. He has had a recent flare up of symptoms of his low back with right radiculitis on 3/10/14 after a trip to Cancun for no apparent reason. He has received prior treatment of medications, physical therapy, acupuncture and chiropractic care. No previous amounts of treatment from chiropractic was documented or the response to care. According to the records a MRI was performed on 4/2/07 revealing multi-level spondylosis/disc degeneration with a spondylolisthesis grade 1 of L4. The original MRI was not available for review. According to a report dated 8/7/14 the patient is performing regular work duties. The doctor is requesting 2 Chiropractic treatments per week for 3 weeks or a total of 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic at 2x3:** Upheld

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

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

**Decision rationale:** The records are not clear as to the amount of previous care given to neither this patient nor the response to care which needs to show objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities per the MTUS Chronic Pain Guidelines. The request for 6 Chiropractic Visits at 2x a Week for 3 Weeks is not medically necessary.