

<b>Case Number:</b>	CM14-0011822		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/16/1999
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 a licensed Doctor of 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:

This 69-year-old male is having constant persistent severe pain within his neck, right shoulder and lower back. The provider has requested chiropractic care and PT, for six sessions to his neck, right shoulder and lower back. However, there is no documentation in the records documenting functional deficits needing to be treated or any documentation outlining anticipated improvements in functional capacity the requested treatment would offer as required per the CT MTUS guidelines. Therefore, the request for chiropractic manipulation to the cervical spine, right shoulder and lumbar spine is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC MANIPULATION AND PHYSICAL THERAPY FOR THE LUMBAR, CERVICAL, RIGHT SHOULDER X 6: 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 CA MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** This 69-year-old male is having constant persistent severe pain within his neck, right shoulder and lower back. The provider has requested chiropractic care and PT, for six sessions to his neck, right shoulder and lower back. However, there is no documentation in the records documenting functional deficits needing to be treated or any documentation outlining anticipated improvements in functional capacity the requested treatment would offer as required per the CT MTUS guidelines. Therefore, the request for chiropractic manipulation to the cervical spine, right shoulder and lumbar spine is non-certified.