

<b>Case Number:</b>	CM14-0159293		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Board Certified in Physical Medicine and Rehabilitation 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 33 year old male with an injury date of 02/08/14. Based on the 06/12/14 progress report provided by [REDACTED] the patient complains of low back, chest, left shoulder and left hip pain. Physical examination to the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles, most pronounced at the L5-S1 junction. Range of motion is decreased and painful. Straight leg raise is positive on the left. Patient is continuing with physical therapy, chiropractic treatment and home exercise program. Initial physical therapy report dated 03/05/14 states lumbar pain rated at 8/10. PT progress report dated 05/13/14 states pain in lumbar spine and left shoulder rated 7/10. No chiropractic progress reports were submitted. Diagnoses on 06/12/14:- lumbar musculoligamentous sprain/strain- lumbar myospasm- lumbar disc herniation, multilevel per MRI dated 03/05/14- lumbar anterolisthesis with bilateral pars defect Diagnosis 08/15/14 by [REDACTED] left shoulder pectoralis muscle strain- L5-S1 grade I anterolisthesis with stenosis and bilateral pars defect [REDACTED] [REDACTED] is requesting decision for Chiropractic treatment for the left shoulder and lumbar spine, 2 to 3 times a week for 6 weeks, Qty. 12 to 16 sessions. The utilization review determination being challenged is dated 09/04/14. The rationale is: "he has had 6 physical therapy sessions to the left shoulder and lumbar spine, as well as 6 chiropractic visits to the left shoulder. There is no documentation of initial functional improvement." [REDACTED] is the requesting provider, and he provided treatment reports from 02/09/14 - 08/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the left shoulder and lumbar spine, 2 to 3 times a week for 6 weeks, QTY: 12 to 16 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58, 59.

**Decision rationale:** The patient presents with low back, chest, left shoulder and left hip pain. The request is for Chiropractic treatment for the left shoulder and lumbar spine, 2 to 3 times a week for 6 weeks, Qty. 12 to 16 sessions. His diagnosis dated 08/15/14 includes left shoulder pectoralis muscle strain and L5-S1 grade I anterolisthesis with stenosis and bilateral pars defect. Initial physical therapy report dated 03/05/14 states lumbar pain rated at 8/10 which decreased to 7/10 per PT report dated 05/13/14. Regarding Chiropractic treatments, MTUS Guidelines, pages 58-59 states, "Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary, Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6 months." A review of the reports does not specify the amount of any prior chiropractic sessions or the time frame of when those sessions were provided. However, per utilization review letter dated 09/04/14, patient has had 6 chiropractic visits to the left shoulder. While MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6, in this case, there is no documentation of functional improvement available. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The requested 12 to 16 sessions would exceed what is allowed by MTUS for a trial of up to 18 sessions, if initial trial proved to result in functional improvement. Recommendation is for denial.