

<b>Case Number:</b>	CM14-0021015		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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, 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 35 year old male with a date of injury of 11/6/08. The injured worker was struck by a cart in the back. The 1/9/14 progress note documented moderate to severe radiating pain in the lower back and moderate to severe pain in the mid/upper back and right shoulder/arm. Examination revealed tenderness to palpation with palpable spasm over the paraspinal muscles and restricted range of the thoracic spine, lumbar spine, and right shoulder/arm; bilateral straight leg test; and positive supraspinatous and Codman's test. Diagnoses include thoracic spine strain/sprain, status post lumbar spine fusion surgery with residuals, lumbar spine myofascial pain syndrome, right shoulder impingement syndrome, right shoulder adhesive capsulitis, right shoulder rotator cuff tear per injured worker history, rule out right inguinal hernia, hypertension, diabetes mellitus, sexual dysfunction, situational depression, and sleep disturbance secondary to pain. Treatment included acupuncture, medications, psychiatric consultation, and urine toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY THORACO/LUMBAR SPINE (RETRO):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that manipulation is recommended as an option, with the caveat that a trial of six visits over two weeks will begin treatment. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. A review of the records indicates that the injured worker had started chiropractic treatment in 2013, though it was not documented how many, and an additional 12 treatments were requested in December. Progress reports from [REDACTED], dated 11/4/13 and 12/6/13 did not demonstrate any improvement in range of motion, any change in spasm and tenderness, or any significant reduction in pain level. Continuing with chiropractic therapy is not warranted as functional improvement has not been elicited as a result of treatment. Therefore, the request is not medically necessary.