

<b>Case Number:</b>	CM14-0028666		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational Medicine 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 43 year old male, DOI 1/22/12. Subsequent to the lifting injury he has develop chronic cervical, lumbar, and shoulder discomfort. Treatment has consisted of 16 sessions of chiropractic (6 authorized), at least 6 sessions of physical therapy and multiple compounded topical/oral mixes in addition to prescription oral analgesics. There has been no improvement in symptoms or objective function as a result of treatment. There has been a recent request for shoulder arthroscopy/decompression. Electrodiagnostics have demonstrated bilateral carpal tunnel syndrome and a right C5 radiculopathy. MRI's of the cervical and lumbar spine have revealed multiple level disc bulges. No "red flag" conditions are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC ADJUSTMENTS ONE (1) TO TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** MTUS chronic pain guidelines recommend a trial of 6 sessions of chiropractic treatment for spinal pain and continuation only if there are resulting objective functional improvements. The patient has had more than this recommended number of sessions and no resulting objective functional improvements are noted. Consulting physicians have also confirmed no improvements since the DOI. Since there are no objective functional outcomes/improvements that support ongoing additional chiropractic treatments, the request for an additional up to 8 sessions of treatment does not appear medically necessary.