

<b>Case Number:</b>	CM14-0088481		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 licensed 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 63 year old male who was injured on 3/16/10 as well as a CT claim from 6/6/77 to 3/16/10 as a police officer for the [REDACTED]. In 1979 he fell off of a roof landing on his bottom injuring his low back. In 1980 he was awarded a 10% disability. In 2005 or 06 he fell from a chair at work but did not report the injury. Apparently other job duties have contributed to his other areas of injury over many years of service. His injured areas are neck, low back, right elbow and arm as well as the right shoulder. His diagnoses include Cervical discopathy with radiculitis, Lumbar discopathy, Right shoulder impingement, Right cubital tunnel syndrome, and right CTS. On 6/21/10 MRI's of the cervical and lumbar spine confirmed the multi-level cervical and lumbar discopathy, facet arthropathy and nerve impingement. The doctor is requesting Chiropractic treatment 2x's per week for 6 weeks or 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic treatments Cervical and Lumbar spine w/deep tissue massage:** 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:** According to the MTUS Chronic Pain Guidelines above, manipulation should be at a frequency of 3x's per week for 2weeks and with documented evidence of objective functional improvement more visits are possible, up to 18 over 6-8 weeks. 12 visits of Chiropractic manipulation with deep tissue massage are not medically necessary.