

<b>Case Number:</b>	CM14-0096733		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Services, has a subspecialty in Pediatric Chiropractic Services 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 individual with an original date of injury of 1/28/11. The mechanism of injury occurred when the patient tripped over a pallet jack. Diagnoses include lumbar sprain/strain and right shoulder sprain/strain. The injured worker has undergone 8 approved chiropractic treatments. There has been no decrease in the amount of pain medications required and lumbar ranges of motion were unchanged. There has been no documented objective, functional improvement. The disputed issue is a request for 12 additional chiropractic treatments for the back and right shoulder. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Chiropractic Treatment Visits for Back and Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter - Manipulation; Chiropractic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement from the 8 treatments already received. The request for 12 additional chiropractic treatments for the back and right shoulder is not medically necessary and appropriate.