

<b>Case Number:</b>	CM14-0098342		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 a licensed Chiropractor 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:

According to the available medical records, this is a 38 year old male patient with complaints of left shoulder, neck and low back pain, date of injury 03/27/2014. Previous treatments include medications, lumbar support, physical therapy, compound creams, physiotherapy and modified work duties. Progress report dated 06/06/2014 by the treating doctor revealed pain to lumbar spine with constant movement, 8/10, pain to left shoulder and pain radiating down to hands making his wrists hurt while moving them, 8/10. Exam noted tenderness to the left shoulder, limited ROM (range of motion) due to pain, positive impingement sign on the left shoulder, tenderness to the lumbar spine with positive SLR (straight leg raise) on the left at 90 degrees, and tenderness to the left cervical with end ROM pain. Diagnoses include cervical brachial syndromes, lumbar radiculopathy and left shoulder sprain/strain. The patient has remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits 3x a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend as an option, a trial of 6 chiropractic visits over 2 weeks, and with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. Without evidence of objective functional improvements, this request for 12 chiropractic visits for the lumbar spine exceeds the guideline recommendations and therefore is not medically necessary.