

<b>Case Number:</b>	CM13-0029437		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 64 year old male, who sustained an industrial injury on April 24, 2013. The injured worker reported a motor vehicle accident (MVA) where he had neck, right shoulder, chest, back and left thigh pain with headache. The injured worker was diagnosed as having cervogenic headaches, cervical strain-sprain, cervical degenerative changes and stenosis, right shoulder strain, impingement and frozen shoulder, lumbosacral strain, right sciatica and left thigh strain. Treatment to date has included x-rays and medication. A progress note dated August 7, 2013 provides the injured worker complains of severe headaches rated 9 out of 10 and neck pain with occasional right hand numbness rated 6 out of 10 at best and 8 out of 10 at worst. His right shoulder pain is occasional and rated 0 out of 10 at best and 5 out of 10 at worst. The low back pain is rated 5 out of 10 at best and 7 out of 10 at worst with radiating down the right leg. The left thigh pain is rated 0 out of 10 at best and 5 out of 10 at worst. The physical exam is from a June 7, 2013 visit and provides decreased cervical range of motion (ROM) with no tenderness to palpation. There is lumbar tenderness to palpation with decreased range of motion (ROM). There is a request for chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Chiropractic treatments to the lumbar spine at 2x a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The claimant underwent a course of chiropractic treatment from 7/1/2013 through 7/24/2013. There was no evidence of functional improvement as result of the chiropractic treatment rendered this claimant. On 8/7/2013 [REDACTED], [REDACTED], reevaluated the claimant. The claimant continued to note headaches at 9/10, neck pain at 6-8/10, shoulder pain at 5/10, and lower back pain at 5-7/10. There is no evidence of functional improvement as a result of the chiropractic treatment rendered this claimant prior to the current request for 6 additional treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Given the absence of documented functional improvement as a result of initial course of care, the medical necessity for the requested 6 additional chiropractic treatments is not medically necessary.