

<b>Case Number:</b>	CM14-0187732		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 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 52 year old male who reported neck, low back and right shoulder pain from injury sustained on 12/03/13. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with sprain of neck with left upper extremity radiculopathy; lumbar anterolisthesis at L4 on L5; and right shoulder sprain/strain. Patient has been treated with medication, right shoulder injection, and chiropractic. Per medical notes dated 08/28/14, patient is attending chiropractic treatment with modalities; which does help and reports he is sleeping better and is taking less medication recently. Per medical notes dated 09/25/14, patient complains of neck right shoulder, and low back pain. He notes his cervical spine has improved after last chiropractic treatment. Provider requested additional 8 chiropractic sessions for lumbar spine, cervical spine and right shoulder. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of chiropractic treatment with Physiotherapy for the cervical, lumbar spine and the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 08/28/14, patient is attending chiropractic treatment with modalities; which does help and reports he is sleeping better and is taking less medication recently. Per medical notes dated 09/25/14, he notes his cervical spine has improved after last chiropractic treatment. Provider requested additional 8 chiropractic sessions for lumbar spine, cervical spine and right shoulder. Medical records discuss functional improvement (better sleep and less medication) but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.