

<b>Case Number:</b>	CM14-0193532		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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:

This 58 year old male sustained a work related injury on 6/9/2014. The mechanism of injury was reported to be injury from lifting. The current diagnoses are unspecified injury to shoulder and upper arm/axilla/scapular region and unspecified injury to trunk. According to the progress report dated 10/22/2014, the injured workers chief complaints were severe pain over left side of neck, radiating down his upper back and back of shoulders, 7/10 on a subjective pain scale. He reports severe pinching, sharp pains that worsen with head movements and certain movements of the left shoulder. The physical examination revealed increased muscle tone of the trapezius with tenderness upon palpation. Neck revealed painful range of motion. Left shoulder was tender to palpation to the acromioclavicular joint. On this date, the treating physician prescribed 6 additional chiropractic care sessions, which is now under review. In addition to chiropractic care, the treatment plan included soft collar, ice, Tizanidine, Naproxen, and X-rays. The records refer to a prior course of chiropractic care; however, there were no specific dates or results noted. When chiropractic care was prescribed work status was modified. Restrictions included no lifting greater than 10 pounds, no pushing or pulling greater than 20 pounds, no bending, twisting, squatting or stooping, and no overhead work. On the progress report dated 11/3/2014, the injured worker reported 90% improvement from presentation. The injured worker returned to full duty and was discharged. On 10/29/2014, Utilization Review had non-certified a prescription for chiropractic care. The chiropractic care was non-certified based on no evidence of significant ongoing progressive functional improvement from previous therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, once a week for six weeks,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The claimant presented with low back pain and left shoulder pain. Previous treatments include medications, physical therapy, and chiropractic. Progress report dated 10/22/2014 by the treating doctor revealed patients stated that parts of their injury have worsened, 7/10 on the visual analog scale (VAS). He has seen a chiropractor. There is no previous chiropractic treatment record available; the total number of treatment sessions is unknown; and no objective functional improvements. Based on the guidelines cited, the request for additional chiropractic treatments, once a week for 6 weeks is not medically necessary.