

<b>Case Number:</b>	CM14-0195388		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 New York. 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 57-year-old female who reported an injury on 07/24/2013. The mechanism of injury involved heavy lifting. The current diagnoses include bilateral knee internal derangement, bilateral wrist/hand pain, bilateral elbow sprain, bilateral shoulder sprain, thoracic spondylosis, lumbar herniated nucleus pulposus, and cervical spine annular tear with myospasm. The injured worker presented on 10/02/2014 with complaints of persistent pain over multiple areas of the body. The physical examination revealed paraspinal tenderness, upper trapezius tenderness, positive impingement sign, positive Kemp's testing, and positive straight leg raises bilaterally. It is noted that the physical examination was handwritten and mostly illegible. The treatment recommendations at that time included chiropractic treatment twice per week for 4 weeks. A Request for Authorization form was then submitted on 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Chiropractic sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. There was no documentation of objective functional improvement following the initial course of treatment. There was also no specific body part listed in the current request. Therefore, the request is not medically appropriate at this time.