

<b>Case Number:</b>	CM14-0203664		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 (DC), has a subspecialty in Chiropractic Sports Physician 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 34 year old female who injured on 5/27/13 while lifting a box of tile when she felt a sharp pain in her neck and left shoulder. Apparently her low back was injured also. She was diagnosed with left shoulder strain, cervical strain with multi-level disc bulges 1-2 mm (C4-5, C5-6 & C6-7), Lumbar strain with multi-level disc bulges (L4-5 & L5-S1) per MRI's of 2/4/14 and 1/6/14 respectively. The shoulder MRI of 1/8/13 was normal. Prior treatment has consisted of Left shoulder corticosteroid injection, lumbar spine epidural steroid injections, physical therapy and medications. According to the records she has just completed 8 chiropractic visits with no objective measurable gains in functional improvement documented. The QME gave her a WPI rating of 19% to include the shoulder, Cervical and lumbar spine on his P&S report of 8/26/14. The doctor is requesting 12 chiropractic sessions to the cervical and lumbar spine and left shoulder 2 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Sessions to the cervical spine and lumbar spine and left shoulder 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The patient has apparently received 8 visits and the doctor has not shown objective functional improvement in his documentation and therefore the treatment is not medically necessary.