

<b>Case Number:</b>	CM14-0206567		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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: New Jersey  
 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 30-year-old female who reported an injury on 06/19/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, and cervical facet injury. The injured worker presented on 11/07/2014 with complaints of a flare up in the lower back, 7/10 neck pain, and 7-9/10 bilateral shoulder pain. Upon examination, there was full cervical, lumbar, and shoulder active range of motion with pain and stiffness. Palpation noted cervical, thoracic, and lumbar paraspinal muscle hypertonicity and bilateral trapezius muscle hypertonicity. Orthopedic testing showed positive shoulder depression test, positive Ely and Yeoman tests, and positive Kemp's tests. Treatment recommendations at that time included additional chiropractic therapy. A Request for Authorization form was then submitted on 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor Therapy and treatment 2x/ week for neck/upper back:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state manual therapy manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. For recurrences/flare ups, there is a need to re-evaluate treatment success. If a return to work goal has been achieved, then 1 to 2 visits every 4 to 6 months may be appropriate. According to the documentation provided, the injured worker has been previously treated with 22 sessions of chiropractic therapy. There is no documentation of a significant functional improvement. Therefore, additional treatment is not medically appropriate in this case. As such, the request is not medically appropriate.

**Chiropractic Therapy Evaluation and treatment 2x/ weeks for 4 weeks for low back:**  
Upheld

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

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

**Decision rationale:** California MTUS Guidelines state manual therapy manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. For recurrences/flare ups, there is a need to re-evaluate treatment success. If a return to work goal has been achieved, then 1 to 2 visits every 4 to 6 months may be appropriate. According to the documentation provided, the injured worker has been previously treated with 22 sessions of chiropractic therapy. There is no documentation of a significant functional improvement. Therefore, additional treatment is not medically appropriate in this case. As such, the request is not medically appropriate.

**Chiropractic Therapy Evaluation and treatment 2x/ week for 4 weeks for bilateral shoulders:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state manual therapy manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. For recurrences/flare ups, there is a need to re-evaluate treatment success. If a return to work goal has been achieved, then 1 to 2 visits every 4 to 6 months may be appropriate. According to the documentation provided, the injured worker has been previously treated with 22 sessions of chiropractic therapy. There is no documentation of a significant functional improvement.

Therefore, additional treatment is not medically appropriate in this case. As such, the request is not medically appropriate.