

<b>Case Number:</b>	CM14-0212248		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California, Minnesota  
 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:

This 54 year old male was injured on 08/09/2011 while being employed. There was limited documentation submitted for this review. On physician visit dated 03/05/2014 he complained of neck and back pain, bilateral shoulder pain, wrist pain and headaches. He complains of difficulty sleeping due to difficulty breathing. On examination of his neck there was no spasm or tenderness noted, shoulders had no obvious atrophy and no swelling note, the injured worker was able to point to area of discomfort and negative impingement sign. He was noted to not be working since August of 2011. There was no supporting documentation of requested chiropractic therapy submitted for review. The Utilization Review dated 11/20/2014 modified the request for Chiropractic therapy two times a week for six weeks for the cervical spine to initial trial of Chiropractic therapy x 6 for the cervical spine. The reviewing physician was noted use Medical Resource Utilized/Guidelines Utilized for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor therapy, right shoulder, cervical spine qty: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, 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 doctor's request of Chiropractic therapy 2 times per week for 6 weeks or 12 visits is not according to the above guidelines. Therefore, the request is not medically necessary.