

<b>Case Number:</b>	CM15-0000491		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/02/2004
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 60 year old male who sustained an industrial injury on June 2, 2004. He reported pain to the left shoulder and has been diagnosed with Cervical radiculopathy and status post left shoulder surgery chronic pain. Treatment to date has included medications and a home exercise program. Currently the injured worker complains of aching pain to the left shoulder. The treatment plan included medications and a home exercise program. Per medical notes dated 12/21/14, patient complains of pain located in the left shoulder. He describes the pain as aching and is moderate to severe. His pain varies depending on activity level and pain is made worse with lifting. Pain is rated at 4/10. On December 2, 2014 Utilization Review non certified Chiro 2 x 3 cervical spine bilateral trapezius noting the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 Times A Week for 3 Weeks to The Cervical Spine, Bilateral Trapezius:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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

**Decision rationale:** It is unclear if the patient has had prior chiropractic treatments or if the request is for initial trial of care. His injury is over 11 years old. Provider requested 6 chiropractic sessions for cervical spine and bilateral trapezius. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.