

<b>Case Number:</b>	CM15-0104141		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, 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:

The injured worker is a(n) 45 year old female, who sustained an industrial injury on 8/4/12. She reported pain in her neck, left shoulder and lower back. The injured worker was diagnosed as having lumbosacral sprain, cervical sprain with radicular symptoms, closed head injury and left shoulder sprain. Treatment to date has included physical therapy for the lumbar spine, a lumbar MRI, a cervical MRI and an EMG/NCV of the left upper extremity. On 4/9/15, the injured worker reported neck pain that radiates to the bilateral upper extremities. She also reports ongoing low back pain with left-sided radicular symptoms. As of the PR2 dated 5/1/15, the injured worker reports ongoing neck pain with occasional radicular pain in the bilateral upper extremities. Objective findings include cervical flexion is 20 degrees, extension is 20 degrees, right lateral bending is 15 degrees and left lateral bending is 10 degrees. The treating physician noted that the injured worker had completed six sessions of chiropractic therapy that provided pain relief and functional improvement. She is taking over-the-counter medications for pain. The treating physician requested chiropractic treatments 2 x weekly for 3 weeks to the head, left shoulder, lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xwk x 3 wks head, left shoulder, lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**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 has requested chiropractic 2 times per week for 3 weeks to the head, left shoulder, lumbar and cervical spine. There is no recommendation of manipulation to the head and shoulder according to the above guidelines. According to the records, the patient has had 6 prior visits to the cervical and lumbar without evidence of objective functional improvement. Therefore, the above request for treatment is not according to the above guidelines and the treatment is not medically necessary.