

<b>Case Number:</b>	CM15-0139067		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Chiropractic

### 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 55-year-old male, who sustained an industrial injury on February 16, 2009. The initial diagnosis and symptoms experienced are not included in the documentation. Treatment to date has included x-rays, MRI, acupuncture and chiropractic therapy, medication, psychiatric evaluation, physical therapy and toxicology screen. Currently, the injured worker complains of significant neck pain rated at 7 on 10 with numbness and tingling in the upper left extremity. He reports aching pain in his shoulders bilaterally and rates the pain at 7 on 10. There is cracking, popping pain in his wrists bilaterally, and he rates this pain at 7 on 10. He has low back pain described as aching and stabbing and is rated at 8 on 10. He reports right knee pain rated at 7 on 10 and left knee soreness. He has right hip pain described as aching and stabbing and rated at 8 on 10 as well as bilateral ankle pain described as aching. The injured worker is currently diagnosed with C6-C7 radiculopathy, cervical sprain-strain syndrome with discopathy, bilateral shoulder impingement syndrome, lumbar sprain-strain syndrome with chronic lumbago and discopathy, L4-L5 and L5-S1 right sided radiculopathy, L5-S1 disc protrusion and multilevel lumbar stenosis. A note dated June 5, 2015 states the injured worker is experiencing efficacy from chiropractic and acupuncture therapy. The note further states the injured worker reports his pain medication is beneficial. Documentation regarding physical therapy benefit was not included. Due to the benefit experienced from previous treatment, chiropractic therapy to the left shoulder and lumbar spine (8 additional sessions) is requested to facilitate functional improvement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x8 visits, left shoulder and lumbar spine:** 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 Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Shoulder, Manipulation.

**Decision rationale:** Per the PTP's progress notes attached, the patient has received chiropractic care for his lumbar spine and left shoulder injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care for the lumbar spine with evidence of objective functional improvement. The ODG Low Back Chapter recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Shoulder chapter recommends a limited number of manipulative care on a trial basis. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the primary treating physician's progress notes reviewed. Furthermore, The 8 requested sessions far exceed The MTUS recommended number in this case. I find that the 8 additional chiropractic sessions requested to the lumbar spine and left shoulder to not be medically necessary and appropriate.