

<b>Case Number:</b>	CM15-0139279		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<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: 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 55 year old female, who sustained an industrial injury on April 21, 2013, incurring neck, back and shoulder and upper extremity injuries after she fell off a ladder. She was diagnosed with concussion, cervical spondylosis, and lumbosacral spondylosis, partial tear of the rotator cuff, epicondylitis of the elbow, vertigo, headaches and depression. Treatment included chiropractic sessions, topical analgesic cream, traction, psychiatric therapy, and activity modifications and restrictions. Currently, the injured worker complained of persistent chronic right upper extremity pain rated a 5 on a pain scale from 1 to 10, headaches, shoulder and neck pain. It was noted decreased range of motion of the right shoulder and right elbow. Her chiropractic treatments were interrupted after the injured worker had eye surgery. The injured worker noted that the delay of treatments caused exacerbation of her neck pain and headaches. The treatment plan that was requested for authorization included continued chiropractic treatment for 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Chiropractic treatment for 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 7/8/15 denied the treatment request for an additional 12 sessions of Chiropractic care to the patient's cervical and lumbar spine regions citing CA MTUS Chronic Treatment Guidelines. The 6/10/15 request for additional treatment followed an unknown number of completed Chiropractic visits and the absence of any reporting that functional improvement was obtained with prior care. The CA MTUS Chronic Treatment Guidelines require of the requesting provider clinical evidence of functional improvement prior to consideration of additional care; none was provided. The request for additional treatment is not medically necessary or supported by the reviewed medial report/s or the CA MTUS Chronic Treatment Guidelines.