

<b>Case Number:</b>	CM15-0143692		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 62-year-old female, who sustained an industrial injury on June 4, 2002, incurring low back and shoulder injuries after an assault. She was diagnosed with lumbar degenerative disc disease, lumbosacral neuritis, brachial neuritis, shoulder impingement syndrome and thoracic spine degenerative disc disease. Treatment included pain medications, neuropathic medications, antidepressants, anti-inflammatory drugs, aqua therapy and epidural steroid injection. Currently, the injured worker complained of constant aching right shoulder pain. She also noted persistent low back pain rated a 10 without pain medications on a pain scale from 1 to 10. Pain medications reduce the pain by 30% to 50%. The back pain interferes with her activities of daily living. The treatment plan that was requested for authorization included an initial trial of 10 sessions of chiropractic manipulation to the lumbar spine. The UR department has modified the request and approved 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation Qty: 10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back. Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of 6 sessions of chiropractic care for the lumbar spine over 2 weeks. The ODG Low Back Chapter also recommends 6 initial trial sessions of chiropractic care sessions over 2 weeks. The UR department has reviewed the request and approved a trial of 6 sessions. I find that the 10 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.