

<b>Case Number:</b>	CM15-0144441		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/06/2015
<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: 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 was a 50 year old male, who sustained an industrial injury, June 25, 2011. The injured worker previously received the following treatments back MRI, chiropractic treatments for about 18 months which provided relief of the pain, physical therapy, back injections, L4 and L5 surgery, cervical spine x-rays, Lumbar spine MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies), Gabapentin, Naproxen, Baclofen, Tramadol, Hydrocodone and Omeprazole. The injured worker was diagnosed with arthritis, cervical spine strain or sprain, lumbar multilevel degeneration and stenosis, myospasm, cervical disc syndrome, cervical radiculopathy, cervical sprain or strain, degeneration of the lumbar intervertebral disc with myelopathy, lumbar radiculopathy, lumbar strain or sprain, left shoulder internal derangement and rotator cuff syndrome. According to progress note of March 26, 2015 the injured worker's chief complaint was cervical spine, lumbar spine and left shoulder pain. The injured worker rated the pain at 8 out of 10 radiates and was relieved by pain medication. The injured described the pain as constant sharp and shooting. The physical exam noted a decrease range of motion of the cervical spine, lumbar spine and left shoulder. The treatment plan included chiropractic services for the cervical spine and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times per week for 3 weeks for the lumbar spine, cervical spine and left shoulder to increase strength and range of motion and decrease pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation 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 utilization review document of July 6, 2015 denied the treatment request for chiropractic care, six visits to the lumbar and cervical spine as well as left shoulder citing CA MTUS chronic treatment guidelines. The treatment request was for chiropractic care to increase strength and range of motion and decreased pain. The reviewed medical records did not document the patient's prior treatment history relative to the specific protocols of treatment application. The medical necessity for the requested chiropractic care six visits to manage the patient's lumbar, cervical spine along with the shoulder was not supported by the reviewed medical records or compliant with CA MT US chronic pain treatment guidelines. Therefore, the request is not medically necessary.