

<b>Case Number:</b>	CM15-0163580		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 62-year-old male, who sustained an industrial injury on 3-4-05. The injured worker has complaints of pain in his left sided upper back and surrounding muscles. The documentation noted palpation of left trap, levator scap and left rhomboid all positive for acute muscle spasm. The diagnoses have included thoracic sprain and strain; lumbar sprain and strain; myofascial pain and spinal muscles spasm. Treatment to date has included ice; heat and home exercise program. The request was for chiropractic therapy 3 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 3 times per week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The patient complained of pain in the left side of the upper back and surrounding muscles. The MTUS guideline recommends manipulation for chronic pain if caused

by musculoskeletal conditions. It recommends 1-2 visits every 4-6 months for patients who are experiencing flare-ups. It was documented that the patient was experiencing a flare up. The provider's request for 12-chiropractic session exceeds the guidelines recommendation for flare-ups. In addition, there was no documentation of functional improvement from chiropractic in the past. Therefore, the providers request for 12-chiropractic session is not medically necessary at this time.