

<b>Case Number:</b>	CM15-0169502		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 65 year old female who reported an industrial injury on 11-26-2013. Her diagnoses, and or impression, were noted to include: head pain, status-post multiple strokes with mild left facial palsy and numbness; cervical, thoracic and lumbar spine sprain-strain, with cervical and lumbar radiculitis, rule-out cervical discogenic disease; left shoulder sprain-strain and impingement syndrome, rule-out left shoulder rotator cuff tear; left wrist strain-sprain and carpal tunnel syndrome; and sleep disturbance secondary to pain. Recent magnetic imaging studies of the lumbar spine were done on 2-9-2015, noting abnormal findings. Her treatments were noted to include: physical therapy; 18 chiropractic sessions (Feb. - June 2015); chiropractic re-evaluation on 7-7-2015; medication management; and rest from work. The physician's progress notes of 6-24-2015 reported: no change in headaches; no change in, and-or an increase in, neck, lower-mid-upper back, left shoulder, left hip and left knee pain which were described as moderate-severe. Objective findings were noted to include: use of a cane; tenderness in the neck, lower-mid-upper back, left shoulder, left wrist and left hip, all with restricted range-of-motion; and tenderness to the left knee. The physician's requests for treatments were not noted to include continued chiropractic therapy evaluation and treatment of the cervical, thoracic and lumbar spine, as well as left shoulder, left wrist and left hip, 2 x a week for 6 weeks. The Utilization Review of 8-7-2015 non-certified the request for chiropractic evaluation, with 12 multi-modality treatments, for the cervical, thoracic and lumbar spine, left shoulder, left wrist, and left hip.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy sessions including evaluation, vasopneumatic device therapy, electrical stimulation, ultrasound, each 15 minutes, paraffin bath, infrared therapy, application of hot or cold packs, each 15 minutes, therapeutic activities, therapeutic exercises, massage, each 15 minutes of the C/:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic pain in the neck, back, shoulder, left wrist, and left hip. Previous treatments include medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant had completed 18 chiropractic visits to date, however, there is no evidence of objective functional improvement. Based on the guidelines cited, the request for additional 12 visits also exceeds the maximum guidelines recommendation. Therefore, it is not medically necessary.