

<b>Case Number:</b>	CM15-0180891		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 female, who sustained an industrial injury on 9-2-14. Medical record indicated the injured worker is undergoing treatment for lumbar sprain-strain, shoulder impingement and carpal tunnel syndrome. Treatment to date has included hand splints, physical therapy, oral medications including Norco and Naproxen and topical Lidoderm; and activity modifications. Currently on 8-6-15, the injured worker reports no significant improvement since last exam of 6-4-15 when she stated her lower back pain has improved as well as the range of motion following physical therapy. Physical exam performed on 6-4-15 and on 8-6-15 revealed tenderness to pressure over the anterior shoulder joints, restricted range of motion with positive impingement signs of bilateral shoulders, exam of bilateral wrists was normal and exam of lumbar spine revealed spasm in paraspinal muscles with tenderness to palpation of the paraspinal muscles with restricted lumbar range of motion. The treatment plan included Ketoprofen ER 200mg, discontinuation of Norco, Lidoderm 5% patch and Naproxen 550mg and a request for chiropractic care 3 times a week for 4 weeks. Work status is noted to be return to regular work. On 8-14-15, utilization review modified a request for an initial trial of 12 sessions of chiropractic care to 6 visits noting she is a candidate for a trial of 6 visits with further visits depending on objective documentation of improvement.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic care 3x4 weeks for low back and shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shoulder/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her shoulder and lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The MTUS does not recommend manipulation for the shoulder but The ODG Shoulder chapter recommends a trial of manipulation 9 sessions over 8 weeks. The UR department has reviewed the request and approved a trial of 6 sessions. The requested 12 sessions far exceed The MTUS recommendations. I find that the 12 initial chiropractic sessions requested to the lumbar spine and shoulders is not medically necessary and appropriate.