

<b>Case Number:</b>	CM15-0202840		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 49 year old female with an industrial injury date of 01-07-2015 and 05-05-2015. Medical record review indicates she is being treated for cervical, lumbar, bilateral shoulder musculoligamentous injury, cervical, lumbar and bilateral shoulder muscle spasm, bilateral lateral and medial epicondylitis, left knee and right ankle sprain-strain, rule out bilateral shoulder internal derangement, rule out left knee and right ankle internal derangement and finger pain. Subjective complaints (09-03-2015) included neck pain radiating to shoulders, sharp low back pain, bilateral shoulder pain, bilateral elbow pain, left knee and right ankle pain and bilateral hand pain with tingling radiating to fingers. Prior medications include ibuprofen and Cyclobenzaprine. Other treatments included physical therapy and acupuncture. In the medical note (07-02-2015) the treating physician documented; "This patient has failed to improve with conservative management including anti-inflammatories, muscle relaxants, physical therapy and acupuncture." Objective findings (09-03-2015) included tenderness (3 plus) and spasm to palpation of the cervical paravertebral muscles and bilateral trapezi. Range of motion was decreased and painful. Cervical compression and shoulder depression caused pain. Lumbar spine was positive for tenderness and spasm of paravertebral muscles and bilateral sacroiliac joints. Range of motion was decreased and painful. Bilateral shoulder range of motion was decreased and painful. There was tenderness to both elbows and pain with range of motion. Left knee and right ankle ranges of motion were decreased and painful. On 09-16-2015, the request for 18 sessions of chiropractic treatment over 6 weeks for the cervical spine was modified to 6 chiropractic treatments.

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

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

**18 Sessions of chiropractic treatment over 6 weeks for cervical spine: Upheld**

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

**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, shoulder, low back, left knee, and right ankle. Previous treatments include medications, physical therapy, and acupuncture. There is no history of prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 18 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvement with the trial visits, the request for 18 visits is not medically necessary.