

<b>Case Number:</b>	CM15-0021538		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Minnesota  
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 45-year-old female with an industrial injury dated May 12, 2004. The injured worker diagnoses include depression, cervicgia, lumbago, lumbar radiculitis/neuritis nonspecific, impingement syndrome, and status post-surgery on bilateral shoulders. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/03/2014, the injured worker reported neck pain, lower back pain and bilateral shoulder pain radiating to the shoulder blades, arms and hands. The treating physician prescribed services for chiropractic treatment for the bilateral shoulders, cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 6 weeks for the bilateral shoulders cervical lumbar:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic 2 times a week for 6 weeks for the cervical and lumbar spine as well as the bilateral shoulders. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary for the cervical and lumbar spine. There is no recommendation for manipulation of the shoulders and therefore treatment is not medically necessary.