

<b>Case Number:</b>	CM15-0022250		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/14/2015
<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  
 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 52-year-old female reported a work-related injury on 10/02/2014. According to the progress notes dated 12/15/14, the injured worker (IW) reports constant pain in the left thumb, wrist and hand; intermittent pain in the cervical spine; constant bilateral shoulder pain radiating to the right arm; bilateral knee pain and intermittent thoracic spine pain. Physical examination revealed decreased cervical ROM and bilateral shoulders ROM. The IW was diagnosed with cervical, thoracic and lumbosacral strain, right shoulder derangement, left thumb injury and bilateral knee pain. Previous treatments include medications and physical therapy. The Utilization Review (UR) on 01/14/2015 non-certified the requested services/treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy-Spine (Lumbar/Cervical/Thoracic) 3x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation CA MTUS 2009, Low Back Complaints (page 298-299) Official Disability Guidelines, (ODG) (Neck and Upper Back Chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing pain in the neck, upper back, low back, right shoulder and bilateral knee despite previous treatments with medications and physical therapy. There are no records of prior chiropractic treatments. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for low back pain, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the current request for 18 visits exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvement with the trial visits, the request for 18 visits is not medically necessary and appropriate.