

<b>Case Number:</b>	CM15-0026536		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 47-year-old female, who sustained an industrial injury on 8/1/2013. She has reported neck, trapezius and left shoulder pain. The diagnoses have included chronic left cervical radiculopathy and chronic left shoulder impingement syndrome. Cervical spine Magnetic Resonance Imaging (MRI) 10/21/13 documented 'tiny 2 mm central protrusion', Magnetic Resonance Imaging (MRI) of left shoulder 2/8/14 documented superior labral degeneration and fraying, no tear, and electromyogram of upper left extremity 12/18/13 was documented as normal. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and rest. Currently, the IW complains of chronic neck trapezius and left shoulder pain with radiation down left arm to fingers. Physical examination from 2/3/15 documented a positive left shoulder Spurling's test, positive Hawkins and Neer tests, with tenderness to palpation. The provider documented previous requests for an orthopedic consultation and chiropractic therapy was unauthorized. On 1/20/2015 Utilization Review non-certified six (6) chiropractic visits, noting the documentation did not support that the guidelines were met. The ODG Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of six (6) chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Visits for back, Quantity Six:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Chapter Low Back- Lumbar & Thoracic (Acute & Chronic); ODG Chiropractic Guidelines.

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

**Decision rationale:** The claimant presented with chronic neck and left shoulder pain with radiating down left arm to fingers. Reviewed of the available medical records showed no history of chiropractic treatments. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 6 visits is within guidelines recommendation. Therefore, it is medically necessary and appropriate.