

<b>Case Number:</b>	CM15-0029651		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 48 year old female, who sustained an industrial injury on 5/1/12. On 2/17/15, the injured worker submitted an application for IMR for review of Chiropractic therapy 6 visits over 6 weeks for the right shoulder and lumbar spine. The treating provider has reported the injured worker complained of bilateral shoulder pain, lumbar pain and depression. The diagnoses have included cervical pain with radiculitis, right shoulder pain, right wrist/hand pain, low back pain with sciatica, Lumbar disc protrusion and lumbar sprain/strain. Treatment to date has included chiropractic care; physical therapy, TENS unit; acupuncture, walker for ambulation. On 1/27/15 Utilization Review non-certified Chiropractic therapy 6 visits over 6 weeks for the right shoulder and lumbar spine. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 6 visits over 6 weeks for the right shoulder and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The claimant presented with chronic pain in the neck, shoulders, and low back despite previous treatments with medications, physical therapy, TENS unit, acupuncture, LINT, and chiropractic. The total number of chiropractic visits is unknown, however, there is no evidences of objective functional improvements. The claimant continue to have significant and persistent pain, AME report dated 09/17/2014 further recommended shoulder surgery. Based on the guidelines cited, the request for additional chiropractic therapy is not medically necessary.