

<b>Case Number:</b>	CM15-0210377		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/27/2007
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 50 year old female, who sustained an industrial injury on 3-27-2007. The injured worker is being treated for cervicgia, cervical disc degeneration, cervical radiculopathy, right shoulder tendonitis, primary osteoarthritis right shoulder, right shoulder rotator cuff tear, right shoulder bursitis, elbow pain, left wrist fibrocartilage tear, right wrist pain, hand pain, lumbago, lumbar disc displacement, radiculopathy of the lumbar region and right knee contusion. Treatment to date has included diagnostics, physical therapy, injections, extra-corporeal shockwave therapy, and acupuncture. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker presented for an initial comprehensive report. She reported neck pain rated as 6 out of 10 with radiation to the bilateral upper extremities, right shoulder pain with radiation down to the fingers rated as 5-6 out of 10, bilateral elbow pain rated as 5 out of 10, bilateral wrist pain rated as 6 out of 10 with radiation to the fingers, low back pain rated as 6-7 out of 10 with radiation to the bilateral lower extremities and right knee pain rated as 5-6 out of 10. Objective findings included tenderness to palpation with restricted ranges of motion of the cervical spine, right shoulder, bilateral elbows, lumbar spine and right knee. Work status was temporarily totally disabled. The plan of care included medications, physical therapy, acupuncture and chiropractic therapy for the cervical spine, right shoulder, elbow, bilateral wrists and lumbar spine, EMG (electromyography) and NCV (nerve conduction studies) of the bilateral upper and lower extremities and referral to a pain management specialist. Authorization was requested for 18 (3x6) visits of chiropractic treatment for the cervical spine, right shoulder and lumbar spine. On 9-28-2015, Utilization Review non-

certified/modified the request for 18 (3x6) visits of chiropractic treatment for the cervical spine, right shoulder and lumbar spine.

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

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

**Chiropractic treatment for the cervical spine, right shoulder and lumbar spine 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th edition (Web) 2015.

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

**Decision rationale:** The medical necessity for the requested 18 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 18 treatments exceed this guideline. Therefore, the requested 18 chiropractic treatments are not medically necessary.