

<b>Case Number:</b>	CM15-0217870		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 4-6-2015. The injured worker is undergoing treatment for lumbar strain-sprain. Medical records dated 9-9-2015 and 9-23-2015 indicate the injured worker complains of low back pain rated 8 out of 10 decreased from 10 out of 10 on 9-9-2015 visit. Physical exam dated 9-9-2015 notes lumbar tenderness to palpation, decreased range of motion (ROM) and left leg shorter than the right with the use of a leg brace. Treatment to date has included chiropractic, physical therapy (6 sessions with good improvement), home exercise program (HEP), Epsom salt baths and medication. The original utilization review dated 10-13-2015 indicates the request for chiropractic physio therapy to the right shoulder and lumbar spine 2x3 weeks is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Physio Therapy to The Right Shoulder and Lumbar Spine 2x3 Weeks:**  
Upheld

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

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

**Decision rationale:** The claimant presented with chronic low back pain and right shoulder pain. Previous treatments included medications, physical therapy, chiropractic, and home exercises. According to the available medical records, the claimant has completed at least 6 chiropractic visits. However, there is no evidence of objective functional improvements. There is no documented increase in range of motion, no change in medications intake, and the claimant remained on total temporary disability. Based on the guidelines cited, the request for additional 6 chiropractic visits for the lumbar and right shoulder is not medically necessary.