

<b>Case Number:</b>	CM15-0032488		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Oriental Medicine

### 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 43 year old male, who sustained an industrial injury on 5/21/14. He has reported pain in the back and shoulders. The diagnoses have included thoracic and lumbar strain, right shoulder derangement and left shoulder sprain. Treatment to date has included physical therapy, chiropractic treatments and oral medications. As of the PR2 dated 1/3/15, the injured worker reports pain in the back and shoulders. The treating physician noted decreased and painful range of motion in the lumbar spine. The treating physician requested chiropractic treatments x 12. On 2/11/15 Utilization Review modified a request for chiropractic treatments x 12 to chiropractic treatments x 6. The utilization review physician cited the MTUS guidelines for manual therapy and manipulation. On 2/20/15, the injured worker submitted an application for IMR for review of chiropractic treatments x 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/physical medicine modalities x 12 visits for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 106,111,115,Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has had prior chiropractic trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified chiropractic trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore twelve visits of chiropractic are not medically necessary.