

<b>Case Number:</b>	CM15-0034061		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 44 year old male who sustained an industrial injury on 02/12/2013. Current diagnoses include cervicgia, displacement of intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbago, lumbar disc displacement, lumbar stenosis, left shoulder adhesive tendinitis, impingement syndrome, thoracic IVD without myelopathy, and pain in thoracic spine. Previous treatments included medication management, physical therapy, and cortisone injections. Report dated 12/17/2014 noted that the injured worker presented with complaints that included cervical spine, thoracic spine, and left shoulder pain with radiating tingling and cramping. Pain level was rated as 8-9 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for chiropractic therapy 2 times per week for 6 weeks for the cervical spine, lumbar spine, and left shoulder, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xWk x 6Wks for the cervical spine, lumbar spine and left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); pg. 7/127; 30-127.

**Decision rationale:** The reviewed medical records reflect the claimant completing a QME evaluation in July 24, 14 with a determination that the claimant was not permanent and stationary and in need of additional treatment to include Chiropractic care. This was followed by PTP report on 11/5/14 requesting Chiropractic care and the current 12/17/14 request for additional Chiropractic care. The UR determination report of 1/22/15 denied further Chiropractic care to manage the claimant residual cervical, lumbar and left shoulder residuals due to the report failing to address the patients past history of completed Chiropractic care, the number of completed visits and what functional improvement was documented, criteria for consideration of additional care per CAMTUS Chronic Treatment Guidelines. The determination to deny further care was appropriate and based on reviewed medical records, the lack of medical necessity for additional treatment and the failure of reviewed records to document functional improvement per CAMTUS Chronic Treatment Guidelines.