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| <b>Case Number:</b>   | CM15-0064236 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 05/31/2013 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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: Chiropractic

### 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 (IW) is a 55 year old female who sustained an industrial injury on 05/31/2013. She reported pain in shoulders, knees, right hand, neck, and back. The injured worker was diagnosed as having right hand trauma with ulnar deviation, mild carpal tunnel syndrome, left hand trauma with ulnar deviation, mild carpal tunnel syndrome, lumbar sacral sprain/strain with left radiculitis and multifocal disc bulges, both knees lateral meniscus maceration per MRI, both ankle sprain/strain, tendinitis left. Treatment to date has included medications, work modifications, and use of a cane. She had a right sided L4-L5 and L5-S1 transforaminal epidural steroid injection 10/13/2014 that the worker felt did not help, and an initial trial of PT/acupuncture for the cervical spine, right shoulder, the response of which is not recorded. Currently, the injured worker complains of cervical spine pain that is an 8/10 with a constant ache with popping and spasms, right shoulder pain rated a 6-8/10 with pain over the trapezius, right hand pain rated an 8/10 with moderate swelling both hands, lumbosacral pain rated an 8/10 that is constant radiating bilateral lower extremities to the knees, and right knee pain an 8/10 intensity. Authorization is requested for Chiropractic 3 times a week for 4 weeks, total of 12 sessions for cervical spine, lumbar spine and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times a week for 4 weeks, total of 12 sessions for cervical spine, lumbar spine and bilateral shoulders:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Low Back and Shoulder Chapters.

**Decision rationale:** The patient has not received chiropractic care for his cervical spine, lumbar spine or shoulder injuries in the past. The treatment records in the materials submitted for review show that the patient has received physical therapy and acupuncture with little improvement. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back and Low Back Chapters recommend an initial trial of 6 sessions of chiropractic care over 2 weeks and additional chiropractic care sessions up to 18 visits with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Shoulder Chapter recommends a limited trial of 9 sessions of chiropractic care over 8 weeks. Given that there has been no chiropractic care in the past and that the patient is still within the 18 recommended sessions I find that the initial trial of 12 sessions of chiropractic care requested to the cervical spine, lumbar spine and bilateral shoulders to be medically necessary and appropriate.