

<b>Case Number:</b>	CM15-0087308		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 52 year old female, who sustained an industrial injury on 8/6/13. The injured worker has complaints of constant neck, back and left shoulder pain with minimal intermittent knee pain. The documentation noted that eh injured worker had pain with spasm to palpation over the left greater than neck and upper trap area. The documentation noted on the lumbar exam there is pain with minimal spasm. The diagnoses have included cervical strain, cervical degenerative arthritis, myofascial pain; shoulder strain, impingement syndrome, rotator cuff tendonitis/bursitis; lumbar strain/sprain, lumbar degenerative and knee strain, multi compartment degenerative joint disease. Treatment to date has included injections; tylenol #3 and home exercise program. The request was for chiropractic treatment for lumbar spine, 2 times weekly for 3 weeks, 6 session's total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for Lumbar Spine, 2 times weekly for 3 weeks, 6 sessions total:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck and back pain. Previous treatment records are not available. According to the treating chiropractor report dated 05/12/2015, the claimant has had chiropractic treatments in the past. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-up, the request for 6 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.