

<b>Case Number:</b>	CM14-0146033		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is a licensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 51 year old female with complains of pain in the neck, thoracic, lumbar and bilateral shoulders, date of injury is 06/30/2014. Previous treatments include medications and Toradol injection. Treating doctor's first report dated 07/29/2014 revealed patient with neck pain, mid back pain, low back pain, bilateral shoulder pain, right arm pain and numbness. Physical examination revealed forward head carriage, tenderness to palpation over the trapezius muscles, right side greater than left, as well as over the paraspinal musculature, right side greater than left, Axial compression test elicits bilateral paraspinal muscles pain, AROM decreased in all planes. Examination of the thoracic spine revealed tenderness over the paraspinal muscles bilaterally. Examination of the lumbar spine revealed apparent decreased lumbar lordotic with tenderness to palpation over the bilateral SI joints and bilateral paraspinal muscle spasm, AROM decreased in all planes. Examination of the shoulders note tenderness to palpation over the subacromial spaces, AC joints, supraspinatus tendons and biceps tendon, positive Impingement bilaterally, AROM decreased. Diagnoses include cervical spine sp/st with right upper extremity radiculitis, thoracic spine sp/st, lumbar spine sp/st, bilateral shoulders sp/st, impingement and tendinitis. The patient was placed on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic treatment for the cervical spine, thoracic spine, lumbar spine and bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation ACOEM, Cervical & Thoracic Spine Disorders, Clinical Measures and Shoulder Disorders, Rotator Cuff Tendinopathy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presents with pain in the neck, shoulder, upper back and low back. Medications and Toradol injection are the only treatment she has had to date. A trial of chiropractic treatment, 6 visits over 2 weeks, and therapeutic exercise might be recommended by MTUS guideline to help patient return to productive activities. However, without evidences of objective functional improvements, the request for 12 visits exceeded the guidelines recommendation and therefore, not medically necessary.