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| <b>Case Number:</b>   | CM15-0010881 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 06/18/2014 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2015 |

### 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 44-year-old male, who sustained an industrial injury on 6/18/14. He has reported back pain. The diagnoses have included cephalgia, otalgia, and chronic sprain/strain of cervical, thoracic, lumbar spine, bilateral shoulders, and left elbow, lateral epicondylitis of left elbow, sprain/strain bilateral wrists, stenosing tenosynovitis, anxiety/depression, and insomnia. Treatment to date has included medications, physical therapy, and chiropractic treatments. (MRI) magnetic resonance imaging of right shoulder was performed on 9/9/14 revealing acromion flat, acromioclavicular joint osteoarthritis, supraspinatus partial articular tea, infraspinatus tendinosis, synovium effusion, subacromial/sub deltoid bursitis and subcortical cysts in humeral head. Currently, the injured worker complains of neck and back pain. The injured worker stated the prescribed medications and chiropractic treatments are providing him relief of symptoms. On 1/9/15 Utilization Review non-certified chiropractic treatments 1 time a week for 4 weeks to neck/upper, lower back and left shoulder, noting lack of documentation. The MTUS, ACOEM Guidelines, was cited. On 1/20/15, the injured worker submitted an application for IMR for review of chiropractic treatments 1 time a week for 4 weeks to neck/upper, lower back and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments for the neck, upper and lower back, and left shoulder, once weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and Chiropractic Guidelines

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

**Decision rationale:** The guideline recommends manipulation for chronic pain. The guideline recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. Records indicate that the patient completed 3 chiropractic visits as of 11/21/2014. The patient reported that the chiropractic treatments provided him with relief of symptoms and feels that his condition has moderately improved at this time. Based on the submitted documents there was no documentation of functional improvement with prior chiropractic care. Therefore, the provider's request for additional chiropractic sessions once a week for 4 weeks is not medically necessary at this time.