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| <b>Case Number:</b>   | CM15-0112494 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 10/10/2014 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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, Minnesota

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 51-year-old male who sustained an industrial injury on 10/10/2014. Current diagnoses include cervical disk syndrome, lumbar disk syndrome, radicular neuralgia, shoulder sprain/strain, elbow sprain/strain, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, segmental dysfunction of the cervical spine, segmental dysfunction of the thoracic spine, and segmental dysfunction of the lumbar spine. Previous treatments included medication, and chiropractic. Initial injuries included the neck and back after being involved in a motor vehicle accident. Report dated 02/18/2015 noted that the injured worker presented with complaints that included neck and upper back pain, lower back pain, right elbow and forearm pain, and pain between the shoulder blades. Pain level was not included. Physical examination was positive for restriction in the right and left shoulders, less tenderness and muscle spasms, positive Roos test, positive Apley's test, positive supraspinatus press test and resist test, and less tenderness and spasm in the right elbow and positive Tinel's in the right elbow. It was noted that the injured worker has been improving with overall symptoms, able to perform more activities of daily living and function better, and is working at his regular job with less difficulty. The treatment plan included request for retrospective treatments (4) from 02/18/2015 to 04/18/2015. Disputed treatments include retrospective chiropractic visits times 4 (2/18/15-4/18/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective chiropractic visits times 4 (2/18/15-4/18/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), manipulation (cervical, lumbar, shoulder, elbow).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Retrospective chiropractic visits times 4 (2/18/15-4/18/15 or 2 months) to an unspecified area of treatment. 4 visits over 2 months is more like maintenance care and does not follow the above guidelines. Therefore, the above request is not medically necessary and appropriate.