

<b>Case Number:</b>	CM15-0123293		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/07/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 57 year old male who sustained an industrial injury on 09/07/01. Initial complaints and diagnoses are not available. Treatments to date include medications, multiple left shoulder surgery, right shoulder surgery, chiropractic, and physical therapy. Diagnostic studies include multiple MRIs and x-rays. Current complaints include right shoulder pain and low back pain. Current diagnoses include nonallopathic lesion of lumbar region, myalgia and myositis, nonallopathy lesion of thoracic region, and late effect of sprain and strain without tendon injury. In a progress note dated 06/08/15 the treating provider reports the claimant improved with 2 chiropractic visits. The requested treatments are 2 additional chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation sessions, Qty 2 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The claimant presented with flare-up of chronic low back pain. According to progress report dated 05/08/2015 by the treating doctor, the claimant has not have chiropractic treating since December 2014, and he just completed 2 chiropractic visits for this episode of flare-up. Based on the guidelines cited, the request for additional chiropractic visit exceeded the guidelines recommendation for flare-up. Therefore, it is not medically necessary.