

<b>Case Number:</b>	CM15-0125339		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 57-year-old female, who sustained an industrial injury on May 1, 2014. Treatment to date has included chiropractic therapy for the cervical spine and lumbosacral spine, acupuncture, Biofreeze, and medications. Currently, the injured worker complains of lumbar spine pain and left shoulder pain. She reports that her low back pain radiates into the left leg when she stands. When sitting her low back pain radiates into the hip as well as the leg. She reports that standing and working for prolonged periods will intensify her pain. Resting and taking breaks relieve the pain. She notes more left shoulder and arm pain with associated tingling during the nighttime. On physical examination, the injured worker has tenderness to palpation over the left shoulder supraspinatus, infraspinatus and biceps. She exhibits full range of motion of the bilateral shoulders, elbows and wrists. Her bilateral upper extremities motor strength is normal. The injured worker ambulates with a normal gait and can heel-toe walk. Her lumbar spine range of motion is restricted and straight leg raise tests are negative bilaterally. She has no sensory abnormalities noted with touch or pinprick in the bilateral lower extremities and her bilateral lower extremity motor strength is normal. The submitted documentation included progress notes from twelve chiropractic therapy sessions for the cervical and lumbar spine from May 14, 2014 through July 16, 2014. The diagnoses associated with the request include left shoulder pain secondary to strain, lumbar discogenic pain, disc protrusion with annular tear at L4-L5 and left lumbar radicular syndrome. The treatment plan includes chiropractic therapy to the left shoulder and lumbar spine, Biofreeze and medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic re-evaluation for the left shoulder and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 6/26/15 denied the request for a Chiropractic reevaluation of the patient's lumbar spine and left shoulder citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of Chiropractic care, 12 sessions with no subsequent documentation of functional improvement despite an additional medical records request. The medical necessity for a reevaluation of the patient in the absence of requested clinical documentation is not supported by reviewed records or CAMTUS Chronic Treatment Guidelines.

### **Chiropractic treatment, 2 times a week for 3 weeks, for the left shoulder and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 6/26/15 denied the request for additional Chiropractic treatment, 6 visits citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of Chiropractic care, 12 sessions with no subsequent documentation of functional improvement despite an additional medical records request. The medical necessity for additional Chiropractic care, 6 sessions is not supported by reviewed records or CAMTUS Chronic Treatment Guidelines.