MAXIMUS Federal Services

| Case Number: | CM15-0179914 | | |
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| Date Assigned: | 09/21/2015 | Date of Injury: | 03/26/2015 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

## 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 43 year old female who sustained an industrial injury on 3-26-15. Diagnoses are noted as cervical spine sprain-strain, lumbar spine sprain-strain, left rotator cuff impingement-clinically, left shoulder pain, post concussion syndrome, and headaches. Previous treatment includes Ibuprofen, CT scan of the brain, and 1 physical therapy visit. In an initial comprehensive orthopedic evaluation and request for authorization dated 8-24-15, the primary treating physician notes complaints of pain with associated numbness and tingling. Pain in her head is rated at 7-10 out of 10. Pain is reported to be constant pain radiating to her neck, nape, left shoulder, back, and is associated with numbness, tingling, burning, throbbing, stabbing, aching, dull and sharp sensations with headaches, fatigue, dizziness, anxiety and blurry vision. Pain in the neck is rated at 10 out of 10, is constant and radiating. Pain in the left shoulder is rated at 8-10 out of 10 with radiation and left arm pain is rated at 6 out of 10 with radiation. Pain in the lumbar spine is rated at a 10 out of 10 with radiation to the buttock, left hip and leg. She notes difficulty with activities of daily living as well as sensory problems such as seeing, hearing, ability to feel and sense of touch. Physical exam reveals moderate tenderness over the left acromioclavicular joint, subacromial space, and spinous processes. Hawkin's Kennedy and Neer's were positive on the left shoulder exam. There was decreased sensation to the sharpness of the pinwheel over the L4, L5-S1 dermatomes of the left lower extremity as compared to the right lower extremity. Work status is to return to work on 8-24-14 with restrictions. The treatment plan is for chiropractic physiotherapy 3 times a week for 4 weeks to focus over the cervical spine, lumbar spine, and left shoulder, labs, Ibuprofen, Tizanidine, Tramadol, and

evaluation by a neurologist. On 9-1-15, the requested treatment of chiropractic 3 times a weeks for 4 weeks -cervical spine, lumbar spine, and left shoulder was modified to chiropractic 3 times a week for 2 weeks -cervical spine, lumbar spine and left shoulder for a quantity of 6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3xwk x 4 wks cervical spine, lumbar spine, and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) 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 requested Chiropractic 3 times per week for 4 weeks or 12 visits to the cervical spine, lumbar spine and left shoulder. The UR doctor correctly modified the request to 3 times per week for 2 weeks or 6 visits to the above areas. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. In order to receive more treatment after the UR approved 6 visits, the doctor must document objective functional improvement from these visits.