

<b>Case Number:</b>	CM15-0027076		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Chiropractic

### 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 64 year old male, who sustained an industrial injury on July 22, 2014. He has reported injury to the chest, low back, groin area, pelvic area, and neck. The diagnoses have included lumbosacral sprain and strain, herniated nucleus pulposus, and cervical sprain and strain. Treatment to date has included modified work duty status, menthoderm cream, and physical therapy. Currently, the IW complains of continued intermittent chest wall cramps, and constant lumbar spine pain. Physical findings reveal range of motion restriction, guarded gait, and he is able to perform stationary bicycle exercises. The records indicate he refuses to take any medications. He reports physical therapy as helpful. On February 2, 2015, Utilization Review non-certified the request for chiropractic treatment, two-three times weekly for six weeks, for the cervical spine and bilateral shoulders. The MTUS guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of chiropractic treatment, two-three times weekly for six weeks, for the cervical spine and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2-3 x 6 for the cervical spine, bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter/Shoulder Chapter, Manipulation Sections/MTUS Definitions page 1.

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Shoulder Chapters for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP in this case has not issued a diagnosis for the shoulder. No objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The number of sessions requested far exceed The MTUS recommended number. The chiropractic treatment records are not present in the records provided. I find that the 12-18 additional chiropractic sessions requested to the cervical spine and bilateral shoulders to not be medically necessary and appropriate.