

<b>Case Number:</b>	CM15-0067018		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 48 year old male, who sustained an industrial injury on 12/16/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical/thoracic/lumbar sprain/strain, right shoulder impingement, discogenic cervical condition and discogenic lumbar condition. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, cognitive behavioral therapy, psychotherapy, neck traction, TENS (transcutaneous electrical nerve stimulation), back brace and medication management. In a progress note dated 2/23/2015, the injured worker complains of neck, mid and lower back pain and right shoulder pain. The treating physician is requesting 8 chiropractic care for the cervical/thoracic/lumbar/right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the cervical/thoracic/lumbar/right shoulder, once weekly for eight weeks:**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for lumbar spine which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 1 X 8 Chiropractic visits are not medically necessary.