

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0068309 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 05/26/2012 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 04/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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 49 year old male, who sustained an industrial injury on 5/26/2012. He reported injuries to his right shoulder, upper back and lower back when attempting to put a box on an overhead shelf. Diagnoses have included right shoulder strain, upper back pain and lower back pain. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment and medication. According to the comprehensive medical legal re-evaluation dated 1/22/2015, the injured worker complained of right shoulder pain that radiated to the entire arm to the fingers. He complained of right hand pain involving all the fingers. He complained of upper back pain and lower back pain described as a constant throbbing. The injured worker reported pain to light touch over the right shoulder region. He reported discomfort to palpation in the lumbosacral area in the midline and over the right sacroiliac joint. Authorization was requested for six chiropractic visits with physiotherapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 chiropractic visits with physiotherapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 has requested 6 chiropractic visits with physiotherapy for the lumbar spine for an unspecified period of time. There is no documentation of objective functional improvement as well from past chiropractic care. The request for additional chiropractic care is not according to the above guidelines and therefore the treatment is not medically necessary.