

<b>Case Number:</b>	CM15-0070868		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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

### 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 67 year old male, who sustained an industrial injury on 9/27/10. He reported back, left shoulder and right hand. The injured worker was diagnosed as having chronic right iliac/sacroiliac joint pain, probable localized neuralgia/possible myofascial trigger point superior iliac bone medially, left shoulder infraspinatus tendinitis, myofascial pain upper trapezius and levator scapulae of left shoulder. Treatment to date has included oral medications, TENS unit, physical therapy, massage, exercise program, trigger point injections, nerve blocks and acupuncture. Currently, the injured worker complains of left shoulder pain, right low back pain, left buttock pain, left leg pain and right hand pain. The injured worker notes no relief from any previous treatments. Physical exam noted an antalgic gait and tenderness of posterior superior iliac spine on palpation. The treatment plan included chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatments (12-sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The claimant presented with chronic low back pain and left shoulder pain. Previous treatments include medications, injections, physical therapy, acupunctures, massage, and exercises. There is no history of chiropractic treatments. While evidence based MTUS guidelines might recommend a trial of 6 chiropractic visits for 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 12 chiropractic treatments sessions exceeded the guidelines recommendation. Therefore, it is not medically necessary.