

<b>Case Number:</b>	CM15-0077445		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 44-year-old male, who sustained an industrial injury on 6/18/14. He reported initial complaints of back pain and lower abdomen. The injured worker was diagnosed as having chronic thoracic sprain/strain; chronic cervical strain/sprain; unspecified site of shoulder and upper arm; chronic lumbar sprain/strain; chronic sprain/strain with impingement syndrome bilateral shoulders; strain/sprain wrist bilateral; lateral epicondylitis left; cephalgia secondary to stress; otalgia bilateral; bilateral inguinal hernias. Treatment to date has included acupuncture; chiropractic therapy; physiotherapy; medications. Diagnostics included x-ray thoracic and lumbar spine (7/22/14); EMG/NCV bilateral lower extremities (8/28/14); MRI lumbar spine; right shoulder (9/9/14). Currently, the PR-2 notes dated 3/13/15 indicated the injured worker was seen in the clinic today and states the prescribed medications, acupuncture, and chiropractic treatments are helping his symptoms. To date, he has received 14 sessions of physiotherapy, 11 sessions of chiropractic treatments and 21 sessions of acupuncture treatment from this facility. His current complaints are: headaches, ear ache with buzzing in his ears; neck pain, upper and lower back pain, bilateral shoulder pain; left elbow pain; bilateral wrist pain with tingling sensation; anxiety, depression, sexual dysfunction; loss of appetite, irritability; difficulty falling asleep, daytime sleepiness, disruption of sleep-wake schedule. Physical examination reveals there is tenderness over the anterior abdominal wall but no masses; cervical spine is with tenderness over right and left para cervical musculature, trapezius/levator scapulae; thoracic spine with tenderness noted over the right and left para dorsal musculature greater on right, most pronounced at thoracolumbar transition region; bilateral shoulders for positive results of Apley's,

Hawkin's and Neer's tests; bilateral elbows tennis elbow test is positive bilaterally; bilateral wrists positive Tinel's sign and Flinkelstein's test. The provider has requested chiropractic care for the neck/upper, lower back/both shoulders, once weekly for four weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic care for the neck/upper, lower back/both shoulders, once weekly for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

**Decision rationale:** The claimant presented with chronic persistent pain in the neck, back, bilateral shoulders, elbow, and wrists pain despite previous treatment with medications, physical therapy, acupuncture, IF unit, chiropractic, and home exercises. The medical records noted the claimant has completed 11 chiropractic visits to date; however, there is no evidences of objective functional improvements documented. The claimant subjective complains and objective physical exam findings are unchanged, and the claimant continued to remain off work. Based on the guidelines cited, the request for additional 4-chiropractic treatment is not medically necessary.