

<b>Case Number:</b>	CM15-0094714		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, 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 58 year old male who sustained a work related injury November 5, 2014. While helping a coworker lift a recycle bin, he twisted and felt a sharp pain in his back. He was diagnosed as a lumbar sprain and prescribed medication and imaging studies. According to a primary treating physician's medical re-evaluation, dated March 16, 2015, the injured worker presented with low back pain, rated 7/10. He describes the pain as shooting, stabbing, and localized over the right paraspinal musculature. Diagnoses are documented as lumbago; lumbar spine musculoligamentous sprain/strain; lumbar spine myospasm; left shoulder arthralgia; anxiety stress disorder, not otherwise specified. Treatment plan included recommendation for an MRI of the lumbar spine, continue with chiropractic treatment including acupuncture, and medication. At issue, is the request for chiropractic therapy for the lumbar spine and left shoulder 2 x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy: Chiro 2x6 for lumbar spine and left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination dated 4/30/15 denied the request for additional Chiropractic care to the patients left shoulder and lower back citing CAMTUS Chronic Treatment Guidelines. The reviewed medical reports failed to support additional treatment based on the absence of objective clinical evidence of functional improvement with prior care. The records do not support the medical necessity for additional treatment to the shoulder or lower back or comply with referenced CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.