

<b>Case Number:</b>	CM13-0008941		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who was injured on December 30, 2012. The patient continued to experience pain in her neck and left upper middle back. Diagnoses included cervical sprain/strain, strain trapezius, sprain left thumb, and sprain right shoulder. Treatment included medications, chiropractic care, and acupuncture. A Request for Authorization for chiropractic treatment #12 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENTS; QUANTITY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation ODG TWC NECK, ODG CHIROPRACTIC GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation.

**Decision rationale:** Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows:

**Cervical Strain:** Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.

- Mild: up to 6 visits over 2-3 weeks
- Moderate (grade II): Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity
- Severe (grade III): Trial of 10 visits over 4-6 weeks. Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity

**Cervical Nerve Root Compression with Radiculopathy:** Patient selection based on previous chiropractic success -- Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. In this case the patient had received at least 30 chiropractic treatments. This surpasses the recommended maximum of 25 visits for severe cervical strain. The request is not medically necessary.