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| <b>Case Number:</b>   | CM13-0010447 |                              |            |
| <b>Date Assigned:</b> | 09/18/2013   | <b>Date of Injury:</b>       | 06/19/2003 |
| <b>Decision Date:</b> | 01/23/2014   | <b>UR Denial Date:</b>       | 07/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/13/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer licensed in Chiropractic Care, has a subspecialty in Acupuncture and is licensed to practice in California. 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:

This patient is a 48-year-old female who reported an injury on 07/17/2003. The clinical notes submitted for review indicate the patient is seen routinely for neck pain and upper back pain which extends up to the occipital area. The notes indicate the patient was initially injured as result of pushing and lifting a wheelchair. The patient was most recently evaluated on 07/16/2013 with notes indicating the patient underwent cervical spine MRI in 2004 which indicated C5-6 right mild neural foraminal stenosis and 1 mm to 2 mm central disc protrusion at C6-7. The notes indicate the patient is maintained on Topamax 100 mg twice a day, Relafen 750 mg twice a day, Robaxin 750 mg twice a day, and Tagamet 400 mg twice a day, as well as Trazodone 50 mg at bedtime and Vicodin 5/500 mg 2 tablets to 3 tablets per day. The notes indicate the patient has undergone physical therapy in the past which has helped her symptoms, as well as trigger point injections. On physical examination, palpation of the occipital area elicits mild tenderness bilaterally with palpation of the cervical paraspinal muscles eliciting moderate tenderness bilaterally and palpation of the upper trapezius muscles eliciting moderate tenderness bilaterally with trigger points. Muscle strength is graded as 5/5 in the upper extremities bilaterally and sensation is intact to pinprick in the upper extremities throughout all spinal dermatomes bilaterally. Cervical spine range of motion was noted to be limited secondary to pain and there was a small firm area in the right lower back. The notes indicate recommendation for authorization for chiropractic treatment 6 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested 6 sessions of Chiropractic treatment for chronic neck pain as outpatient, Rx Dt: 7/18/2013: 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 Manual Therapy Page(s): 58-59.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The documentation submitted for review indicates on 05/21/2013 that the patient was scheduled for chiropractic treatment with [REDACTED] with recommendation indicated in the notes for 8 sessions. Follow-up clinical notes on 06/18/2013 indicated recommendation for the patient to continue with chiropractic treatment. The clinical notes from 07/16/2013 detail recommendation for the patient to continue with chiropractic treatments for an additional 6 sessions. Given the guidelines recommend chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits; the request for 6 additional sessions of chiropractic treatment on top of the already completed 8 sessions is not supported as there is no clear indication the patient has had noted benefit from previously attended sessions. The notes indicate the patient has completed 6 prior sessions the preceding month and felt some relief of neck pain, especially with cervical traction; however, there was lack of other objective documented improvement of the patient with prior sessions attended. Given the above, the request for chiropractic treatment for 6 sessions for chronic neck pain as outpatient, Rx Dt: 07/18/2013 is not medically necessary and appropriate.