

<b>Case Number:</b>	CM13-0012801		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 04/22/2011. The injury was reported when the injured worker hit her head on the glass of a closed window. The diagnoses include cervical strain, right shoulder impingement, status post arthroscopic debridement, distal clavicle resection, cervical degenerative disc disease, non industrial carpal tunnel syndrome, and chronic headaches. Previous treatments include surgeries, medications, x-rays, and chiropractic sessions. Within the clinical documentation submitted on 07/02/2013, it was reported that the injured worker complained of severe pain beginning at the top of her neck and radiating into her head. She rated her pain at 8/10 in severity. The injured worker reported pain radiated to the temples on both sides of her head, the base of her skull, and both sides of her neck. She complained of numbness in her face as well as in her hands. The injured worker reported that hand numbness and tingling has been chronic since around the time of the injury. The injured worker reported having swelling in her hands. She complained of stiffness in the right shoulder. Upon the physical examination of the cervical spine, the provider noticed the injured worker exhibited tenderness to palpation along the midline of the cervical spine as well as some tenderness to palpation on both sides of the neck, worse on the right than left over the paraspinal muscles. The neck extension was at 5 degrees and flexion was at 40 degrees. Upon examination of the right shoulder, the provider noted mild spasms and tenderness to palpation of the trapezius. Upon examination of the left shoulder, the provider noted tenderness over the trapezius with fewer spasms noted. The provider requested 8 additional chiropractic sessions. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ADDITIONAL CHIROPRACTIC SESSIONS FOR THE CERVICAL SPINE, 2 TIMES A WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend manual therapy for chronic pain, if it is caused by musculoskeletal conditions. The intended goal or effect of the therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. The Guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, and a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The number of sessions the injured worker has previously undergone was not provided for clinical review. There is a lack of documentation indicating the injured worker had decreased functional ability and decreased strength or flexibility. Therefore, the request is not medically necessary and appropriate.