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| <b>Case Number:</b>   | CM13-0014376 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 04/10/2013 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 08/15/2013 |
| <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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 35-year-old female who reported an injury on 04/10/2013. The mechanism of injury was being struck on the right side of the head by a student. She was initially diagnosed with a contusion, sprain of the neck, and x-rays of the skull, head and cervical spine were performed with no abnormal results found. The patient also has prior history of a traumatic head injury to the left side as well as a pituitary adenoma, and is treated on a regular basis by a neurologist. The patient began chiropractic care in 05/2013 for continued discomfort and complaints of headaches. The patient had an MRI of the brain in 05/2013 related to her prior injury; this study did not reveal any significant abnormalities. The patient's current medications include Tylenol 3, 2 tablets daily as needed for headaches; bromocriptine nightly at bedtime; Benadryl 25 mg at night as needed for insomnia; albuterol as needed for asthma attack; and hydroxychloroquine every night at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for chronic neck pain x 6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation Page(s): 58-59. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Manual Manipulation.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Guidelines state that the intended goal of manual medicine is to achieve positive symptomatic or objective gains in functional improvement to facilitate progression in the patient's therapeutic exercise program. The guidelines state that cervical manipulation may be an option for patients with acute neck pain or cervicogenic headache. However, the guidelines did not provide specific recommendations for the amount of sessions. Therefore, the Official Disability Guidelines were supplemented. ODG recommends up to 6 trial visits of chiropractic for mild to moderate cervical strains. Guidelines state that time to produce effect should be between 4 and 6 treatments. As the patient was diagnosed with a cervical sprain and has had chronic neck pain, it is reasonable to allow the patient 6 visits of chiropractic care. However, she was noted to have been approved for an initial 2 sessions, and approval of 6 additional sessions would exceed guideline recommendations. As such, the current request for chiropractic treatment for chronic neck pain x 6 visits is non-certified.

**MRI scan of cervical spine without contrast #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not recommend MRI of the cervical spine in the absence of red flags, anticipated invasive procedures, or physical examination findings that suggest nerve root involvement. In the clinical note dated 07/29/2013, the patient was noted to have normal reflexes throughout and only slightly restricted cervical range of motion; Spurling's sign was negative. Sensation was not tested on this date, nor was muscle strength. The patient also has no complaints of numbness or tingling, nor are there diagnoses of radiculopathy. According to the physical examinations submitted for review, the patient does not display any symptoms of neurologic compromise; and therefore, an imaging study is not warranted at this time. As such, the request for MRI scan of the cervical spine without contrast #1 is non-certified