

<b>Case Number:</b>	CM13-0018285		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/11/1997
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 licensed in Chiropractic 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:

The injured worker is a 58-year-old female who was involved in a rear end collision when her vehicle was struck from behind by another vehicle during her course of employment on 04/11/1997. She suffered neck and upper back injuries. The injured worker presented for chiropractic care on 03/04/2013 reporting gradual onset neck and upper back pain (5/10) flare over the prior week. By examination, the patient had 2+ response to light digital palpation of affected area to include trapezius and levator scapulae muscles, range of motion approximately 90% of normal with pain at endpoints, positive cervical foraminal compression test right and left and same for shoulder depressor test both causing elevated upper back and neck pain into trapezius and neck muscles (with the right being greater than left). Three chiropractic treatment sessions were recommended procedures of spinal manipulation and electric muscle stimulation. She treated with chiropractic care on 3 occasions between 03/04/2013 and 04/10/2013. On 08/14/2013, a flare-up was noted. The chiropractor recommended 3 chiropractic treatment sessions with procedures of spinal manipulation and electric muscle stimulation to the cervical and thoracic regions. Diagnoses were noted as late effect cervical/thoracic sprain/strain and cervical/thoracic myalgia/myositis. Chiropractic care on 09/04/2013 with complaints of gradual flare-up of upper back and lower neck pain over the prior week is noted. The patient had permanent partial disability of her right shoulder, upper back and neck. By examination on 09/04/2013, cervical range of motion was mildly restricted, upper thoracic area between the shoulder blades was rigid and stiff right greater than left, reflexes were essentially normal, Cervical Foraminal Maximum Compression test positive right for elevated neck and upper back pain and slight paresthesia reproduction into C8 dermatome, Shoulder Depressor test + for elevated neck and upper back pain on the right at the T3 to C6 levels. Diagnoses were noted as right shoulder impingement syndrome, cervical thoracic myofasciitis, and late effective shoulder

sprain/strain. Three office visits were recommended to include treatment of spinal manipulation, and electrical muscle stimulation to the cervical and thoracic regions. On 11/12/2013, 6 chiropractic treatment sessions were recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC THERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Chiropractic Guidelines.

**Decision rationale:** The request for additional chiropractic treatment for the cervical and thoracic spines is not supported to be medically necessary. The Medical Treatment Utilization Schedule reports no recommendations for manual therapy or manipulation in the treatment of cervical and thoracic spine complaints; therefore, ODG is the reference source. The ODG Chiropractic Guidelines support a treatment trial of up to 6 visits over 2-3 weeks. Consideration for additional care beyond the 6 visit treatment trial, up to 18 visits over 6-8 weeks, avoid chronicity, is based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient had treated with chiropractic care on numerous sessions prior to the request for additional treatment, without evidence of objective functional improvement, and there is no objective evidence of a flare-up or new condition; therefore, additional chiropractic care is not supported to be medically necessary.