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| <b>Case Number:</b>   | CM13-0018790 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 03/19/2011 |
| <b>Decision Date:</b> | 03/06/2014   | <b>UR Denial Date:</b>       | 08/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/30/2013 |

### 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 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 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 40 year old male employed as a [REDACTED] who sustained an injury to his neck and right thoracic spine while attempting to forcefully open a malfunctioning heavy 100 pound jail cell door on 3/19/11. A QME report dated 08/02/2012 identifies the mechanism of injury is consistent with the patient's chief complaint. An initial evaluation and several progress reports by the patient's primary place of treatment identify the subjective complaints as neck pain and stiffness especially on the "right paracervical and trapezius muscles." Dx provided was sprain of the neck (722.0. Restricted ROM is noted but neurological and vascular exams are negative. Further objective findings such as ROM measurements and DTRs are not listed on the report provided by this clinic. Treatment plan at the time recommended medications, thermophone and cold packs. Patient was placed on some work restrictions. Cervical MRI ordered showed DDD at C4/C4, C4/C5 and C6/C7 with minimal disc bulges observed at the same levels. A specialist evaluated the patient and 2 trial runs of Acupuncture were provided along with 12 sessions of PT which were of minimal benefit to the patient per the records provided. In light of these events the PTP on the case requested a trial of 8 chiropractic care sessions on 3/6/13. The patient was seen by the chiropractor. Clinical findings from the initial chiropractic session show that ROM on RLF was 34/45 and RRT was 45/80. On the last chiropractic visit before the major flare-up the ROM was improved to RLF 40/45 and RRT 65/80. A request for additional 8 chiropractic sessions was made by the PTP on 8/7/13. This request was modified and approval of 3 visits issued on 8/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 4 weeks: Overturned**

**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 Manipulation and Manual Therapy Page(s): 58-60.

**Decision rationale:** This is a chronic case with a date of injury of 3/19/2011. Clinical findings from the initial chiropractic session show that ROM on RLF was 34/45 and RRT was 45/80. On the last chiropractic visit before the major flare-up the ROM was improved to RLF 40/45 and RRT 65/80. The Comprehensive Medical Evaluation performed on this patient on 6/22/11 documents that the patient is experiencing radiculopathy from the neck into both shoulders and into right upper extremity. The diagnosis assigned by the specialty physician is cervical sprain/strain and cervical radiculopathy. ODG Neck chapter recommends chiropractic care for cervical nerve root compression with radiculopathy and states in that section "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." Data from chiropractic care to the cervical spine shows objective measurable gains from prior/current treatments rendered to the patient. MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. 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." The same section also states that manipulation is "recommended as an option." Given that the patient has shown objective functional improvements satisfactory in the context of this particular case, chiropractic care 2 times per week for 4 weeks is medically necessary and appropriate.  
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