

<b>Case Number:</b>	CM13-0030930		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 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 patient is a 60 year old female who sustained repetitive strain injuries to her right upper extremity and neck on 7/11/2012 while performing repetitive tasks on a computer. Current complaints as reported by the primary treating physician's (PTP) evaluation report dated 11/29/12 are neck tightness and stiffness, with intermittent spasm on the right side and occasional sharp pains with extension and side bending. The patient has been treated with medications, acupuncture, enrollment in a home exercise program, physical therapy, and chiropractic care. An MRI of the cervical spine has demonstrated "degenerative changes in the cervical spine, most prominent at C3-4, C5-6 and C6-7." A 2 mm disc protrusion was seen at C5-6 and a 3-4 mm disc protrusion was also seen at C6-7. EMG/NCV studies are not present in the records provided and therefore it is unknown if they were performed. Patient's work status is full duty with no restrictions. Diagnoses assigned by the PTP are cervical myofascial strain and cervical disc disease with radiculopathy. The PTP is requesting 4 chiropractic sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL CHIROPRACTIC, 4 SESSIONS, FOR THE CERVICAL SPINE, 1 X WEEK FOR 4 TO 6 WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COEM 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, section on Manipulation.

**Decision rationale:** This patient suffers from a repetitive strain injury to her neck. The patient has been treated with 16 sessions of chiropractic care from 11/21/12 to 12/13/13 per the records provided for review. The chiropractic treatment notes are indicative of measurable objective functional improvements. The patient's range of motion, pain intensity and severity was measured and showed improvement with chiropractic care. The MTUS Chronic Pain Guidelines 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." The MTUS Guidelines allow for a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The ODG Neck chapter, manipulation section recommends for radiculopathy: "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." Given that the evidence for objective functional improvement exists with the rendered chiropractic care, the request for additional chiropractic sessions is medically necessary and appropriate.