MAXIMUS Federal Services

| Case Number: | CM13-0039069 | | |
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| Date Assigned: | 12/18/2013 | Date of Injury: | 03/18/2011 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 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 Licensed in Chiropractic Care 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 patient is a 31-year-old female who reported an injury on 03/18/2011. The mechanism of injury was repetitive trauma due to the performance of job duties. The patient's initial injuries were to her neck and bilateral shoulders. She received an initial course of 6 sessions of physical therapy, medications and activity modification. Her physical therapy continued throughout 04/2011; and due to the employer's inability to provide modified duties, she remained off work. In 06/2011, the patient was placed on Neurontin and as needed Norflex with home traction and TENS unit, as well as additional physical therapy. Steroid injections were recommended for her shoulders at the end of 2011 and into 2012, but it is unclear if she ever received these. In 04/2012, an MRI scan of the cervical spine noted mild multilevel disc protrusions, and an EMG of the bilateral upper extremities revealed mild carpal tunnel syndrome. At this time, she was referred for a cervical epidural steroid injection and later for facet injections unclear if she ever received. The patient is noted to have been at Maximum Medical Improvement on 10/08/2013. The patient continues to complain of neck pain and stiffness as well as frequent headaches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**consultation with chiropractor for myofascial release only,:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Manipulation.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address the use of cervical manipulation; therefore, the Official Disability Guidelines were supplemented. The ODG states that for regional neck pain, 9 visits of chiropractic care over 8 weeks are recommended. However, there is limited evidence to support the use of manipulation over other treatments, such as mobilization, for the treatment of mechanical neck disorders. The guidelines also state that chiropractic care is not advisable to use beyond 2 to 3 weeks without objective documentation of improvement. Since the patient continues to have chronic neck pain despite physical therapy and multiple injections, the request for a chiropractic consultation is appropriate. As such, the decision for a consultation with a chiropractor for myofascial release only with [redacted] for discussion of a short course (4 to 6 visits) of chiropractic care is certified