

<b>Case Number:</b>	CM13-0041480		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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, has a subspecialty in Acupuncture 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 42-year-old female with a date of injury of 06/04/2012. According to the progress report dated 10/04/2013, the patient complained of low back pain and right shoulder pain. The pain is rated between 8-10. The patient stated that she has pain with any movement of the right shoulder. Her neck has been better with chiropractic adjustment, which has helped. Significant objective findings include tenderness along the cervical paraspinal muscle bilaterally as well as rotator cuff and biceps tendon on the right shoulder. There was weakness against resistance and was positive for impingement and speeds test on the right. The patient was diagnosed with discogenic cervical condition with radiculitis, impingement syndrome of the shoulder on the right, elements of sleep issues, weight gain, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment Cervical/Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Regarding manipulation for cervical spine complaints, ACOEM Guidelines states using cervical manipulation may be an option for patients with occupationally related neck or cervicogenic headache. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. However, the guidelines make no recommendation on the chiropractic treatment frequency. Therefore an alternative guideline was consulted. The Official Disability Guideline states recommending manipulation of the cervical spine as an option for patients with mechanical neck disorders. It is not advisable to use beyond 2-3 weeks, if there was no signs of objective progress towards functional restoration. The ODG chiropractic guideline recommends 9 visits over 8 weeks for regional neck pain. With cervical strain, the guideline recommends trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. Records indicate prior chiropractic care. According to the progress report dated 9/9/2013 by [REDACTED] the provider noted that the patient made approximately 50% overall improvement since her initial visit on 7/8/2013 however she is still experiencing moderate pain. The patient rated her pain at 5/10. However, there was no objective functional improvement documented in the submitted documents. Therefore, the provider's request for additional Chiropractic Treatment for Cervical spine and Right Shoulder is not medically necessary and appropriate.