

<b>Case Number:</b>	CM13-0048357		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine, 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 54 year old female with an injury reported on 06/05/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/11/2013, reported that the injured worker complained of continued cervical pain with moderate improvement with chiropractic care. It was reported that the injured worker attended 10 chiropractic sessions total. The physical examination revealed mild improvement in pain intensity and frequency. The injured worker's diagnoses included right elbow lateral epicondylitis; left elbow signs and symptoms with epicondylitis; bilateral wrist with signs and symptoms status-post right carpal tunnel release. The request for authorization was submitted on 11/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT THREE (3) TIMES FOUR (4), QTY: TWELVE (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY, 58-59

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

**Decision rationale:** The California MTUS guidelines note chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The guidelines recommend 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 injured worker complained of continued cervical pain with moderate improvement with chiropractic sessions. It was noted that the injured worker completed 10 chiropractic sessions total. It was noted that the injured worker had moderate improvement with cervical pain from the prior chiropractic sessions; however, there is a lack of objective improvement noted per the clinical information. There is a lack of documentation indicating measured improvement over the course of her 10 sessions. Moreover, the request for twelve additional chiropractic sessions would exceed the guideline recommendations. Therefore, the request for chiropractic treatment three times four, quantity twelve is non-certified.

**VOLTAGE-ACTUATED SENSORY NERVE CONDUCTION THRESHOLD (VSNCT) TO THE CERVICAL SPINE; QTY: ONE (1): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 8, 177-179

**Decision rationale:** ACOEM states electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines further state nerve conduction studies (NCS) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly radiculopathy or it is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The rationale for the voltage-actuated sensory nerve conduction threshold of the cervical spine is unclear. In this case, the injured worker complained of continued cervical pain with moderate improvement with chiropractic sessions. It was noted that the injured worker completed 10 chiropractic sessions total. There is a lack of clinical information provided indicating the injured worker has symptoms of neurologic deficit. Therefore, the request for voltage-actuated sensory nerve conduction threshold (VSNCT) to the cervical spine, quantity one, is non-certified.

