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| <b>Case Number:</b>   | CM13-0064083 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 10/01/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 12/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2013 |

### 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 Chiropractor and Acupuncture, 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 injured worker is a 54-year-old male with a reported injury on 10/06/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/26/2014 reported that the injured worker complained of neck pain and numbness to his hands. The physical examination of the injured worker revealed positive tenderness to palpation over the cervical paraspinal muscles. It was reported that the injured worker had a positive Phalen's and Tinel's to the left wrist and a positive carpal tunnel test. The injured worker's diagnoses included cervical sprain/strain, dislocation/subluxation of cervical spine; dislocation/subluxation to the thoracic spine; and myofascial pain. The clinical note dated 05/09/2014 indicated that the provider requested chiropractic treatment due to the injured worker is able to move his neck better after previous chiropractic treatments. The injured worker's prior treatments include 18 chiropractic treatment sessions. It was reported with the chiropractic sessions that the injured worker's cervical range of motion increased flexion to 50 degrees, extension to 50 degrees, right lateral flexion to 42 degrees, and left lateral flexion to within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT QTY: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request for chiropractic treatment qty 18 is non-certified. The injured worker complained of neck pain. The treating physician's rationale for additional chiropractic treatment is due to the positive result and increased range of motion to the injured worker's cervical neck. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. It is noted that the injured worker has increased cervical range of motion due to previous chiropractic sessions with decreased complaints of pain; however, there is a lack of clinical information indicating that the injured worker has decreased pain medication utilization post previous chiropractic sessions. Moreover, there is a lack of objective measurable functional improvements indicating an increase in physical activities due to decreased pain and discomfort from chiropractic sessions. Furthermore, it is noted that the injured worker has completed 18 sessions of chiropractic sessions, and the treating physician requested an additional 18 sessions; however, the request for 18 additional sessions exceeds the guidelines recommended total up to 18 visits of chiropractic sessions. Given the information provided, there is insufficient evidence to determine appropriateness of chiropractic sessions to warrant medical necessity; as such, the request is not medically necessary and appropriate.