

<b>Case Number:</b>	CM13-0064966		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 46 year old female who sustained repetitive injuries to her right shoulder, right elbow, upper back and neck on 1/31/2013. Current complaints as reported by PTP's are "moderate pain levels in the neck and mainly right upper back that is constant and moderate to severe. Claimant feels the pain also radiated into her left shoulder with numbness and tingling." Patient has been treated with medications, home exercise program, hot/cold modalities, physical therapy and chiropractic care. She is status post-surgical (x4) for the right shoulder. An MRI of the cervical spine has demonstrated "multiple degenerative changes in the cervical spine" per UR denial report. The MRI report was not available in the records for review. EMG/NCV studies are not present in the records provided and therefore it is unknown if they were performed. Diagnoses assigned by the PTP are cervical segmental dysfunction, thoracic subluxation, muscle spasm and headache. The PTP is requesting 12 chiropractic sessions to the cervical spine. The UR department has modified the request and authorized 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor manipulation, #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 558-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Manipulation Section.

**Decision rationale:** This is a chronic case where the patient suffers from multiple injuries to her neck, shoulder and upper back with radiculopathy. The patient has been treated with 8 sessions of chiropractic care in 2013. The chiropractic treatment notes are not indicative of measurable objective functional improvements as defined by MTUS. Patient range of motion, pain intensity and severity was measured and did not show improvement with chiropractic care. Pain intensity and severity remained at the same high level in each report provided for review. There was no change in range of motion measured. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 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." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. The MTUS 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 does not exist with the rendered chiropractic care I find the request for 12 chiropractic sessions to not be medically necessary and appropriate.