

<b>Case Number:</b>	CM13-0072512		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 59 year old male who injured his neck, upper back and shoulders on 4/9/2013 after a refrigerator that he was attempting to move fell on him. Chief complaints per the PTP's report are "constant C/S, T/S, L/S, shoulders and right wrist pain even though taking medication to relieve flare-up , emotional stress occasional headaches, due to pain as well as stress related." Patient has been treated with medications, physical therapy, acupuncture, TENS and chiropractic care. Diagnoses assigned by the treating chiropractor for the neck, upper back and shoulders are cervical disc protrusion, bilateral shoulders impingement syndrome, thoracic disc protrusion and headache. MRI of cervical spine has shown disc desiccations at C2-C6 with disc protrusions and foraminal narrowing throughout. An MRI study of the thoracic spine has shown 2-3 mm disc protrusions at T4-5, T7-8 and T8-9 with foraminal narrowing. An EMG/NCV study of the upper extremities has resulted in a normal study. The PTP is requesting 6 additional chiropractic care sessions to the neck, upper back and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 VISITS OF CHIROPRACTIC TREATMENT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section, Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back and Shoulder Chapters, Manipulation Section, and Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1.

**Decision rationale:** Per the review material provided, 20 sessions of chiropractic care have been rendered to this patient in the past. California regulations limit chiropractic care at 24 visits. Records of prior chiropractic care exist in the materials provided for review and show objective functional improvement to substantiate additional chiropractic care per MTUS definitions. 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 and MTUS ODG Neck, Upper Back and Shoulder Chapters 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." Records provided show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 chiropractic sessions requested to the neck, bilateral shoulders and upper back to be medically necessary and appropriate.