

<b>Case Number:</b>	CM14-0109081		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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:

Patient is a 41-year-old female who has submitted a claim for contusion injury with whiplash, most consistent with cervico-thoracic myofascial pain; muscle tension type headache, and postural dysfunction, associated with an industrial injury date of 12/14/12. Medical records from January to June 2014 were reviewed. Mechanism of injury was not noted in the submitted documents for review. 06/02/14 progress report noted cervical spine MRI from 2013 showed multilevel spondylosis with no significant discogenic pathology; however, original MRI report was not included in the submitted records. Patient has completed 12 out of 16 sessions of chiropractic treatment together with massage and stretching exercises, with noted benefit. She still wears a soft neck collar during driving because road vibrations appear to aggravate her condition. She notes tenderness primarily at the base of her neck; otherwise, she feels that her neck ROM is "fine". On physical examination of the cervico-thoracic spine, there is no obvious gross deformity, patient continues to have a moderately forward head, with increased tension across the para-spinal and upper trapezius muscle area, with minimal ROM restriction, motor and sensory examinations are normal. Plan was to continue chiropractic therapy to complete total of 16 sessions, cervical traction and TENS. Patient has return to work status. Treatment to date has included physical therapy, chiropractic therapy (initial sessions undocumented), massage, cervical traction, TENS and medications (Tylenol, Ibuprofen and Soma since at least 03/17/14). Utilization review dated 06/10/14 denied the request for Chiropractic for the neck and upper back, QTY: 8 sessions. Objective measurable gains in functional improvement were not detailed. The functional improvements in activities of daily living (ADLs) as well as progression of the home exercise program were not addressed as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the neck and upper back, QTY: 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Back, Manipulation

**Decision rationale:** As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal 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. 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 CA MTUS does not address manual therapy for cervical strain or whiplash injury; hence the Official Disability Guideline was used instead. It states that for patient's injury according to her presentation, a Quebec Task Force Whiplash Injury Grade 2 with evidence of functional improvement, a total of up to 18 visits over 6-8 weeks may be given. In this case, there was no documentation of when patient started her previous chiropractic treatments, only that she has completed 12 out of 16 sessions, with noted benefit and return to work. Manual therapy is not generally recommended for maintenance therapy with noted tapering off of the beneficial effects beyond the initial sessions. There was no mention of recurrence or flare-ups as well. Nor was there any objective documentation of the functional gains achieved with her cervical traction and home stretching exercise. Therefore, the request for Chiropractic for the neck and upper back, QTY: 8 sessions is not medically necessary.