

<b>Case Number:</b>	CM14-0016405		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/03/1984
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Chiropractic Care 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 69 year old male who sustained multiple injuries to his neck on 8/3/1984. Current complaints as reported by the PTP is "moderate neck and mid-back pain that feels dull." The patient is status post-cranioectomy and cranioplasty due to a stroke suffered in 2012. Patient has been treated with medications, hot/cold therapy, home exercise program, physical therapy and chiropractic care. Diagnostic imaging studies for the cervical spine are not present in the records provided for review. Diagnoses assigned by the PTP for the cervical spine are kyphosis, cervical radiculitis, multiple cervical subluxations and headache. The PTP is requesting one chiropractic session retroactively (for 11/18/2013) and an additional 6 sessions of chiropractic care to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR CHIROPRACTIC TREATMENT WITH A DOS:  
11/13/13: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Other Medical Treatment Guideline or Medical Evidence: Mtus Definitions Page 1

**Decision rationale:** This patient suffers from a chronic neck injury with radiculopathy. The patient is retired. He has suffered a stroke and has undergone cranial surgery. Regardless of the safety implications of cervical manipulation for patients post-stroke, objective functional improvement has to be present with the previously rendered chiropractic care per MTUS Guidelines in order for additional care to be warranted. The patient has been treated with chiropractic care in the past. The two PR-2 reports provided for review do not present objective functional improvement with the chiropractic care rendered. They list the ROM findings as identical with no change. The 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." Given that there has been no evidence of objective improvement with the chiropractic care rendered I find that the request for one chiropractic treatment provided on 11/18/13 to not be medically necessary and appropriate.

**ADDITIONAL CHIROPRACTIC VISITS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Manipulation Section; Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

**Decision rationale:** This patient suffers from a chronic neck injury with radiculopathy. The patient is retired. He has suffered a stroke and has undergone cranial surgery. Regardless of the safety implications of cervical manipulation for patients post-stroke, objective functional improvement has to be present with the previously rendered chiropractic care per MTUS Guidelines in order for additional care to be warranted. The patient has been treated with chiropractic care in the past. The two PR-2 reports provided for review do not present objective functional improvement with the chiropractic care rendered. They list the ROM findings as identical with no change. The 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." ODG Neck Chapter states for cervical nerve root compression with radiculopathy, which the patient does suffer from, "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 there has been no evidence of objective improvement with the chiropractic care rendered I find that the request for 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.

