

<b>Case Number:</b>	CM14-0126966		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/20/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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:

According to the available medical records, this is a 62 year old female patient with chronic neck pain, back pain, right upper extremities and right lower extremities pain, date of injury 11/20/2002. Previous treatments include medications, physical therapy, chiropractic, massage and physiotherapy. The progress report dated 06/27/2014 by the treating doctor revealed patient with exacerbation of her neck, right shoulder and right elbow pain as a result of working at a computer at work for an extended amount of time. She has developed lateral right sided elbow pain, pain in the neck and right shoulder greater than the left shoulder and notes that it is made worse with computer work. Pain is rated 6/10 at best and 9/10 at worst, the pain has averaged at 9/10 over the past week and is presently 7/10. Neck disability index scored at 46% and back Oswestry index at 42%. Exam noted cervical range of motion (ROM) is reduced by 50% on lateral bending with complaints of pulling pain on the contra lateral sides in the cervicothoracic muscles, right and left rotations reduced by 25% with pain on the contra lateral sides of motion, flexion and extension are full and complaint free. She had positive Maximum Cervical Rotation and Compression test to the right for facet pain, but no radicular pain, cervical distraction of 25 pounds feels good to the neck, positive Shoulder depression test bilaterally, forced flexion of the chin to chest causes pulling in the upper back. Durkan's test is positive at 20 seconds over the right wrist. Palpation finds a hypo mobility fixation of C5-6 on the right, C6-7 on the left, and T4-5 posterior, fixation of the navicular-lunate of both wrists, +3/5 tenderness over these joints, nodular trigger points in her levator scapular muscles of +3/5, latent trigger points. Cozen's sign is positive for epicondylitis of the right elbow, +3/5 tenderness over the lateral epicondyles at the radial humeral joint. Diagnoses include cervicothoracic myofascitis due to long standing cervical segmental dysfunction, thoracic segmental dysfunction, and carpal tunnel syndromes of the right hand and mild lateral epicondylitis of the right elbow. There is no work restrictions noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation Session Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records notes this patient chronic neck, back and right upper extremities pain had been well controlled with conservative therapies. She has had chiropractic treatments with positive functional improvements. It is noted that the patient had completed 3 chiropractic sessions on 4/21/2014. The current progress report on 06/27/2014 noted a recent aggravation of her symptoms and chiropractic treatment is indicated. However, the California MTUS guidelines recommended 1-2 visits ever 4-6 months for flares-up. The request for 4 visits over the next 45 days exceeded the guidelines recommendation. Therefore, Chiropractic Manipulation Session Visits is not medically necessary.