

<b>Case Number:</b>	CM14-0127413		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	07/16/2014
<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 a licensed Chiropractor, 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 54 year old female who sustained an injury to her neck, upper back and shoulders on 9/20/2013 as a result of performing her duties as an office manager. The PTP's progress report states the patient complains of pain in "the bilateral shoulders and cervical spine." The Patient has been treated with medications, physical therapy, 2 upper back corticosteroid injections and chiropractic care. MRI studies have not been performed. Diagnoses assigned by the PTP are cervical radiculopathy, shoulder bursitis and cervical sprain/strain. The PTP is requesting 8 additional sessions of chiropractic care to the upper back, left shoulder and neck. The UR department has modified the request and authorized 6 additional sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional chiropractic therapy visits. 2 x 4. Cervical Spine, upper back and left shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Sections MTUS Definitions Page 1

**Decision rationale:** This patient suffers from a chronic injury to her neck, upper back and shoulders. The patient has received 6 sessions of chiropractic care for this injury per the records provided for review. The MTUS ODG Neck and shoulder chapters recommend additional sessions of chiropractic care 1-2 visits every 4-6 months with evidence of objective functional improvement. The UR department has authorized 6 additional sessions which is already above the MTUS recommended number. The chiropractic treatment records are not available in the materials provided for review. I find that the request for 8 additional chiropractic sessions to the neck, upper back and left shoulder to not be medically necessary and appropriate.