

<b>Case Number:</b>	CM14-0128579		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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:

The patient is a 49-year-old female, on 08/06/2013, she was vacuuming and jerked her right upper extremity and experienced acute pain shooting from the top of her shoulder down her fingers. A physical examination was performed on 12/17/2013 without identification of the provider or location of services, and there was a request for treatment of muscle stimulation, heat, and manipulation at a frequency of 2 times per week for 3-4 weeks. The PR-2 of 01/13/2014 reports the patient had just about finished chiropractic and continued to have pain in the cervical spine and right shoulder, and a 2nd round of chiropractic care was requested. The PR-2 of 02/10/2014 reports the provider recommended continued chiropractic care at a treatment frequency of 2 times per week for 4 weeks in care of a cervical strain. The PR-2 of 04/21/2014, reports the patient continued with chiropractic and continued to have pain in her neck and right hand numbness, and the plan was to continue with chiropractic care. The PR-2 of 06/02/2014, reports the patient had some pain in the neck and right shoulder and some numbness of right hand, and there was a request for additional chiropractic care at a frequency of 2 times per week for 4 weeks. The PR-2 of 07/28/2014, indicates the patient had just about finished the 2nd round of chiropractic care and would like more. The plan recommended a 3rd round of chiropractic visits (8) at a frequency of 2 times per week for 4 weeks. The earliest dated chiropractic chart note is 01/10/2014, which reports by checklist fashion symptoms of tight and ache in the cervical spine, and tight, ache and sore in the right shoulder, elbow, and wrist. No historical information or measured subjective or objective clinical data is noted. Symptoms were reportedly improved. Treatment on 01/10/2014, appears to have consisted of muscle stimulation, hot packs, STM and myofascial release to the cervical and thoracic spines; muscle stimulation, STM and myofascial release to the right shoulder and elbow; and chiropractic manipulative therapy to the cervical and thoracic spines, shoulder and elbow. Submitted chiropractic chart note records indicate the

patient treated with chiropractic care on 01/10/2014, 01/17/2014, 01/24/2014, 02/24/2014, 03/03/2014, and 03/18/2014. Although insufficient supporting documentation was submitted, information reports prior to 02/13/2014 the patient had been approved 6 chiropractic treatment sessions, and through 07/29/2014 treated with 14 chiropractic sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic.

**Decision rationale:** The request for additional sessions of Chiropractic Care for the cervical spine is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional sessions of Chiropractic Care exceeds ODG recommendations and is not supported to be medically necessary.