

<b>Case Number:</b>	CM14-0132510		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 licensed 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 55 year old female who injured her neck and upper back on 10/21/2010 while performing her duties as a court reporter. Per the specialty physician's progress report the subjective complaints are described as follows: "continues to note pain with radiation to the left upper extremity." The patient has been treated with medications, physical therapy, trigger point injections, cognitive behavioral therapy, home exercise programs, steroid injections, epidural injection and chiropractic care with physiotherapy modalities. The diagnosis assigned by the PTP is neck pain. MRI and X-ray studies of the cervical spine have shown C5-6 spinal canal stenosis, anterolisthesis and disc bulge. The EMG study performed was positive and revealed mild ulnar mononeuropathy of the right elbow. The PTP is requesting 12 chiropractic sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**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

**Decision rationale:** The patient has received chiropractic care in the past per the records provided. It is not clear from the records if it has been self-procured or previously authorized by the carrier. Regardless, The MTUS ODG manipulation section, Neck and Upper back Chapter, recommends a trial of chiropractic care 6 sessions over 2 weeks. The request for 12 sessions exceeds this number. Furthermore, The MTUS ODG Neck and Upper Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical. The prior chiropractic care treatment notes are absent from the records provided for review. I find that the 12 chiropractic sessions requested to the neck to not be medically necessary and appropriate.