

<b>Case Number:</b>	CM14-0137431		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 35 years old female with an injury date on 05/30/2014. Based on the 07/29/2014 progress report provided by [REDACTED], the diagnoses are: cervicalgia, neuritis and segmental Dysfunction Pelvic Region / knee pain. According to this report, the patient complains of neck pain, left elbow pain, left arm pain with numbness and right hip pain. The patient rated the pain as a 6/10, ADL's affected. Cervical and right hip ranges of motion are decreased. Shoulder depression test is positive. Hypo-sensitivity of the left upper extremity is note. Muscle strength of the fingers and wrist extensions is a +4. Per the physician, "patient has shown increased functional improvement." The 06/21/2014 report indicates the patient pain is at a 7/10. Positive Spurling's sign with pain was noted. There were no other significant findings noted on this report. The utilization review denied the request on 08/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/12/2014 to 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits to include manipulation and physiotherapy, QTY: 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Chiropractic treatment; Manual therapy & manipulation Page(s): 30; 58.

**Decision rationale:** According to the 07/29/2014 report by [REDACTED] this patient presents with neck pain, left elbow pain, left arm pain with numbness and right hip pain. The treater is requesting Chiropractic visits to include manipulation and physiotherapy, Qty: 8 visits. The utilization review denial letter states "the patient had six prior chiropractic and physiotherapy treatment sessions...with no functional improvement noted." However, the utilization review modified the request to 4 sessions. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Review of reports show the patient has had chiropractic care recently, unknown time frame. Per treater, "patient has shown increased functional improvement." However, there was no documentation of functional improvement as defined by the labor code 9792.20(e): "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam.; and a reduction in the dependency on continued medical treatment." A generic statement as provided by the treater is an inadequate documentation. Given the lack of functional improvement as defined by the labor code, the request for additional chiro treatments are recommended for denial.

**Physical medicine and rehabilitation (PM&R) consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127

**Decision rationale:** According to the 07/29/2014 report by [REDACTED] (a chiropractor) this patient presents with neck pain, left elbow pain, left arm pain with numbness and right hip pain. The treater is requesting Physical medicine and rehabilitation (PM&R) consultation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the patient presents with neck pain with numbness of the left arm and the treater is a chiropractor. The requested consultation with Physical medicine appears reasonable and medically indicated. Recommendation is for authorization.