

<b>Case Number:</b>	CM14-0139329		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/07/1999
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 45-year-old female who was injured on December 7, 1999. The patient continued to experience pain in her neck and upper middle back. Physical examination was notable for decreased range of motion, with positive cervical compression test and trapezius hypertonicity. Diagnoses included brachial neuritis and cervical radicular neuritis. Treatment included chiropractic treatment and medications. Request for authorization for 6 chiropractic sessions to include manipulation, E-stim, myofascial release, work conditioning, and exercises/stretching was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 CHIROPRACTIC SESSIONS TO INCLUDE MANIPULATION, E-STIM, MYOFASCIAL RELEASE, WORK CONDITIONING, EXERCISES/STRETCHES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58, 125.

**Decision rationale:** Per MTUS, manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. Criteria for admission to work conditioning program include screening documentation, description of job demands, functional capacity evaluation, previous physical therapy, and return to work plan. The patient must be a non-surgical candidate. Guidelines recommend 10 visits over 4 weeks with a trial of 1-2 weeks to assess compliance and significance of functional improvement. A work conditioning program must be recommended within 2 years of the injury. In this case, the injury was in 1999. Criteria for work conditioning have not been met. The request is not medically necessary.