

<b>Case Number:</b>	CM14-0154754		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, has a subspecialty in Acupuncture 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 44-year-old male with a date of injury of 01/010/2012. According to a progress report dated 09/9/2014, the patient complained of chronic left-sided neck and left upper extremity pain. The patient reported to have continued pain in the left of all and goes up to the shoulder. According to the physical exam dated August 8, 2014, the patient range of motion in the left shoulder was decreased by 30% with flexion, extension, and abduction. The internal and external rotation was decreased by 20%. Impingement sign was negative on the shoulder. Motor strength was four out of five on the left upper extremity. Cervical spine examination revealed tenderness of the cervical paraspinal muscle. The patient presented full range of motion in 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 for the neck and left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and 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 Back (Acute & Chronic, Manipulation

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not make recommendation regarding cervical manipulation. Therefore alternative guidelines had been sought. The official disability guidelines recommends a trial of six visits over 2 to 3 weeks for cervical strain and with evidence of objective functional improvement, a total of up to 18 visits. Records indicate that the patient had received 12 chiropractic sessions. The provider noted that the patient had significant improvement in pain with the reduction from 8/10 to 5/10. In addition the patient had improvements in the range of motion and function of his left arm. According to section 9792.20 of the medical treatment utilization schedule, functional improvement is defined as either clinically significant improvement activities of daily living or reduction work restriction is measured during history and physicals have any reduction in dependency of continued medical treatment. Although the provider stated that the patient had decreased pain from chiropractic treatment there is no documentation of functional improvement from the 12 prior chiropractic treatments as defined in section 9792.20. Based on the lack of functional improvement the provider's request for additional 12 chiropractic sessions to the neck and shoulder is not medically necessary.