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| <b>Case Number:</b>   | CM14-0160373 |                              |            |
| <b>Date Assigned:</b> | 11/04/2014   | <b>Date of Injury:</b>       | 04/04/2013 |
| <b>Decision Date:</b> | 12/09/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2014 |

### 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 Internal Medicine 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 injured worker (IW) is a 39-year-old woman with a date of injury of April 4, 2013. The IW sustained injuries as a result to repetitive work while working as a packer on an assembly line. The pain originally developed in her right upper neck. MRI of the cervical spine revealed degenerative changes at C5-C6 and C6-C7 with moderate central stenosis and mild foraminal stenosis. Pursuant to the September 16, 2014 progress note, the IW complains of neck pain, right arm pain with paresthesias, and headaches. Physical examination reveals slight to moderate spasm, tenderness, edema and pain to the posterior cervical and upper thoracic spine, right greater than left. There is slight diminished cervical spine motion in all directions. There is slight to moderate asymmetry evident in the VSC regions indicating lessening inflammatory response to the soft tissue elements. The IW has been diagnosed with C-spine/cervicobrachial IVD (intervertebral disc) syndrome, C-spine radicular neuralgia, and C-spine and thoracic spine subluxations. The provider recommended additional adjustments/spinal manipulative therapy and rehabilitative exercise program. Documentation indicated that chiropractic care has been provided from at least July 25, 2014 to September 9, 2014. Despite recent therapy, the IW remains off work. Pursuant to the September 16, 2014 progress note, the IW complains of neck pain, right arm pain with paresthesias, and headaches. Physical examination reveals slight to moderate spasm, tenderness, edema and pain to the posterior cervical and upper thoracic spine, right greater than left. There is slight diminished cervical spine motion in all directions. There is slight to moderate asymmetry evident in the VSC regions indicating lessening inflammatory response to the soft tissue elements. The IW has been diagnosed with C-spine/cervicobrachial IVD syndrome, C-spine radicular neuralgia, and C-spine and thoracic spine subluxations. The provider recommended additional adjustments/spinal manipulative therapy and rehabilitative

exercise program. Documentation indicated that chiropractic care has been provided from at least July 25, 2014 to September 9, 2014. Despite recent therapy, the IW remains off work.

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

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

**Rehabilitative exercise program (spinal stabilization and continued soft tissue tonicity/strength, manipulation and therapeutic exercise) 2 times a week for 4 weeks:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy, Manipulation

**Decision rationale:** Pursuant to the Official Disability Guidelines, rehabilitative exercise program (spinal stabilization and continued soft tissue tenacity/strength, manipulation and therapeutic exercise) two times a week for four weeks is not medically necessary. The guidelines provide recommendations for the frequency and duration of physical therapy. Guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home PT. Cervicalgia (neck pain); cervical spondylosis provides for nine visits over eight weeks. Sprains and strains of the neck provide for 10 visits over eight weeks. Chiropractic guidelines indicate cervical strain, moderate with evidence of functional improvement up to 18 visits over 6 to 8 weeks is appropriate; avoid chronicity. In this case, the injured worker complains of neck pain, right arm pain, numbness and headaches. Physical examination noted spasm, tenderness, edema and pain to the posterior cervical and upper thoracic spine, right greater than left. There is mild decreased range of motion and cervical spine. The documentation indicates the injured worker has ongoing symptoms for 16 months. Despite treatment, the injured worker remains off work. The documentation shows the injured worker completed a protracted course (15 visits of chiropractic treatment) without significant objective functional benefit. Consequently, there is no indication for repeat or additional chiropractic manipulation or physical therapy. Based on clinical information the medical record in the peer-reviewed evidence-based guidelines, rehabilitative exercise program (spinal stabilization and continued soft tissue tonicity/strength manipulation and therapeutic exercise) two times a week for four weeks is not medically necessary.