

<b>Case Number:</b>	CM14-0178409		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/07/1996
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

According to the available medical records, this is a 63 year old female with chronic pain in the neck and upper back, date of injury is 08/07/1996. Previous treatments include medications, chiropractic and physiotherapy. Progress report dated 10/06/2014 by the treating doctor revealed patient continues to experience flare-ups with slight dizziness, occasional headaches and right head, shoulder/arm pain, neck/upper back pain/stiffness, which gradually increase after approximately 10-14 days. Patient reports decreased ability to perform activities of daily living during flare-ups. Treatments reduce subjective complaints and improve ability to function and perform activities of daily living. Cervical ROM: flexion 55-60, extension 45-50 with pain/stiffness, left lateral flexion 30-45 with pain/stiffness, right lateral flexion 30-45, rotation 65-80 with pain/stiffness, Roos/Adsons/Wrights test positive on the right with pain/numbness, palpable tenderness/myospasm/adhesion 3+4 cervical-thoracic spine and scapula musculator/trigger points in scapula and suboccipital region bilaterally, pain refer to head reproduces headaches. Diagnoses include chronic cervical-thoracic sprain/strain, chronic cervical-thoracic segmental dysfunction, and chronic headaches. The patient is working without limitations or restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three chiropractic sessions to include physiotherapy modalities, myofascial release-active release techniques, and chiropractic manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, table 8-8, Chronic Pain Treatment Guidelines Manipulation Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presents with chronic neck and upper back pain for over 18 years. Review of the available medical records showed the claimant reported flare-ups on a monthly basis and subsequently received 3 chiropractic manipulation treatments with physiotherapy, myofascial release for every episode of flare-up (approximately once every 2 weeks). Dates of reports for those visits include 02/03/2014, 03/03/2014, 06/02/2014, 07/18/2014, 08/25/2014, and 10/06/2014. While MTUS guidelines do not recommend maintenance care, the request for 3 treatments for flare-ups also exceeded the evidences based guideline recommendation. Therefore, it is not medically necessary.