

<b>Case Number:</b>	CM14-0020353		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Chiropractics 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 73-year-old female who was injured on 08/11/2011. The mechanism of injury is unknown. PR-2 dated 02/05/2014 (which is essentially has the same subjective and objective findings as progress note 01/05/2014) states the patient is doing better with physical therapy and home exercise program (HEP). On exam, there is decreased spasm, tenderness, and pain. Her range of motion has increased. Diagnosis is cervical herniated nucleus pulposus (HNP). PR-2 dated 10/16/2014 reports the patient complains of continued cervical pain and spasm. On exam, she has positive trapezius spasm; positive Spurling's sign; positive rhomboid spasm and positive compression sign. She lacks 10 degrees of extension, 15 degrees of flexion, and 20 degrees of right rotation and 28 degrees of left rotation. She is diagnosed with cervical HNP. The treatment and plan includes a request for authorization for physical therapy to the cervical spine twice a week for 6 weeks. She was given Lidoderm patches and instructed to follow-up in 6 weeks. Prior UR dated 02/11/2014 states the decision for chiropractic therapy twice a week for 6 weeks is non-certified as there is a lack of documentation of functional improvement nor is there any evidence stating the effectiveness or ineffectiveness of HEP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIRO 2 X 6 FOR THE NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

**Decision rationale:** The CA MTUS guidelines recommended Manual therapy 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 the progression in the patient's therapeutic exercise program and return to productive activities. This patient has had 18 acupuncture treatments, 41 physical therapy sessions and 30 Chiropractic sessions for the treatment of cervical sprain/strain and HNP within C-spine. There is no documentation in the records as to what measurable functional objective or subjective improvement has occurred by previous treatment or if this patient is actively engaged in a HEP. There is also no specific goal outlining what functional improvement would occur with additional chiropractic care. Decision for chiropractic sessions 2 times per week for 6 weeks, in treatment of the neck is not medically necessary.