

<b>Case Number:</b>	CM14-0030501		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Chiropractic Sports 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 is a 62 year old male who was injured on 6/24/02 with an unknown etiology. He has apparently injured his neck, right shoulder and elbow. His diagnoses are cervical spondylosis, concussion with no loss of consciousness and shoulder strain. The patient has received treatment of medications, physical therapy, Chiropractic manipulation with myofascial release, TENS unit, home shoulder exercises and cervical traction unit. The records do not state the total amounts of chiropractic/myofascial release and physical therapy as well as the patient's response or giving the objective measurable gain with functional improvement. On 11/28/11 a cervical spine MRI revealed multi-level spondylosis with C4-C5 moderate to severe left neuroforaminal narrowing, C5-C6 moderate to severe central canal narrowing with significant bilateral, neuroforaminal stenosis, and C6-C7 significant bilateral neuroforaminal stenosis with moderate central canal narrowing. The medical doctor requested 6 session of chiropractic treatment for myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions chiro for myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

**Decision rationale:** The medical doctor has not shown objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. In addition, the amount of chiropractic treatment requested and the requested myofascial release does not follow the MTUS Chronic Pain guidelines. The requested treatment of 6 chiropractic visits for myofascial release with no time frame is not medically necessary and appropriate.