

<b>Case Number:</b>	CM14-0031972		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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:

The patient is a 48 year old male who sustained an injury to his neck on 11/2/2011. Current complaints as reported by the PTP are "neck pain down lateral arm to hand/fingers." Patient has been treated with medications, physical therapy and chiropractic care. An MRI of the cervical spine has demonstrated "mild disc height loss with a 1-2 mm broad based disc protrusion. The spinal canal is mildly narrowed to 9 mm. The left neural foramen is patent. There is mild right neural foraminal stenosis. Diagnoses assigned by the PTP for the cervical spine are cervical disc disease, shoulder tendonosis and arthrosis. The PTP is requesting an additional 12 sessions of chiropractic care to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ADDITIONAL CHIROPRACTIC TREATMENTS, 2 X WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - NECK CHAPTER, MANPULATION SECTION OTHER MEDICAL TREATMENT GUIDELINES OR MEDICAL EVIDENCE: MTUS DEFINITIONS PAGE 1

**Decision rationale:** This patient suffers from a chronic neck injury with radiculopathy. The patient has been treated 6 times with chiropractic care. The PR-2 reports provided for review document objective functional improvement with the chiropractic care rendered and a return to full duty with no restrictions. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Although there are no chiropractic treatment records in the materials reviewed, the PTP has documented through follow-up evaluations clinically significant improvements under and a return to full duty while the patient was receiving chiropractic care. These criteria meet the components needed to warrant additional chiropractic care as described in the MTUS. ODG Neck Chapter states for cervical nerve root compression with radiculopathy: "with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care." Given that there has been evidence of clinically significant improvement with the chiropractic care rendered and as indicated by MTUS definitions the request for 12 chiropractic sessions to the cervical spine is medically necessary and appropriate.