

<b>Case Number:</b>	CM14-0039960		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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 patient is a 53-year-old born on August 31, 1961. On August 14, 2012, he was on a ladder working on an alarm on the ceiling, looking up, and felt an immediate pain in his neck radiating to his shoulder. The patient presented for medical care on June 10, 2013 with complaints of neck pain, left upper extremity pain, and thoracic pain. He had reportedly completed approximately 6 sessions of chiropractic care with reported benefit. Physical exam on June 10, 2013 noted cervical flexion to 10, extension 5, and bilateral lateral rotation to 15; tenderness throughout the paraspinal muscles, soft mobile tender mass in the left occipital scalp approximately 2 cm in size, negative Spurling's and root tension. Left shoulder revealed slightly decreased range of motion, some impingement symptoms, and positive Hawkins and Neer's. Upper and lower extremity DTRs reported 3/3, upper extremity motor strength 5/5, sensation intact to two points upper and lower extremities, negative Hoffmann's and clonus, and the patient could stand on the heels and toes and tandem walk. There was a request for ongoing chiropractic treatments for another six sessions. The physician's progress report of August 1, 2013 noted ongoing neck and thoracic pain. On August 1, 2013, objective findings of ongoing tenderness to the cervical paraspinal muscles bilaterally and no upper tract signs were noted, and there was a request for authorization of chiropractic treatments at a frequency of 2 times per week for 6 weeks. On September 30, 2013, the medical physician reported the patient had treated with chiropractic sessions and there was a request for additional chiropractic care at a frequency of two times per week for six weeks. The progress report of October 29, 2013 noted persistent pain in the interscapular area, neck pain had improved, and low back pain had resolved. The patient had treated with chiropractic care and was to complete 8 additional sessions. The primary physician's progress report of December 3, 2013 notes continued midback pain. Objective findings on December 3, 2013 were reported as tenderness in the mid thoracic spine and the

patient had normal gait and stance. Diagnoses were noted as: 1) neck pain, 2) thoracic spine pain, 3) left upper extremity pain, and 4) left shoulder pain. MRI, October 10, 2012, revealed tendinosis with some fluid in the bursa. On March 3, 2014 the patient presented for medical care with persistent neck and shoulder pain and there was a request for 12 sessions of chiropractic care. On May 5, 2014 the patient reported continued neck pain, left upper extremity pain, and midback pain. By examination on May 5, 2014, cervical spine motion was extremely limited and left rotation and extension, and moderately limited in other fields. Although no chiropractic documentation was provided for this review, the submitted information indicates the patient treated with chiropractic care on at least seventeen occasions from September 24, 2012 through and October 25, 2013, beginning chiropractic care with pain 5-6/10 and ended with pain rated 5-6/10. There is a request for 12 sessions of chiropractic care for the neck and left shoulder.

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

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

**Chiropractic care x 12 for the neck and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 173, 203, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 05/30/2014; Shoulder (Acute & Chronic).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines reports no recommendations for or against manual therapy and manipulation in the treatment of neck or shoulder conditions; therefore, the Chronic Pain Medical Treatment Guidelines are not applicable in this case. The ODG is the reference source, and ODG does not support the request for twelve sessions of chiropractic therapy for the neck and right shoulder. The patient has already treated with chiropractic care on at least seventeen occasions without evidence of efficacy with care rendered. The request exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. The ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines state that in the treatment of neck pain and cervical strain, ODG chiropractic guidelines support a six visit trial of care over two to three weeks, with consideration for additional treatment sessions (a total of up to eighteen visits over six to eight weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has already treated with at least seventeen chiropractic treatment sessions, and there is no evidence of efficacy with care rendered, no evidence of acute exacerbation, and no evidence of a new condition; therefore, the request for twelve chiropractic treatment sessions exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. The ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied

by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond two to three visits if signs of objective progress towards functional restoration are not documented. A total of nine visits over eight weeks may be supported. This patient has already treated at least seventeen chiropractic treatment sessions, and there is no evidence of efficacy with care rendered, no evidence of acute exacerbation, and no evidence of a new condition. Therefore, the request for twelve sessions of chiropractic care for the left shoulder is not medically necessary or appropriate.