

<b>Case Number:</b>	CM14-0040848		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 45 year old female who was injured on 06/02/2010. She sustained an injury to her nose, face, jaw, neck, left shoulder, mid spine, left knee, right shin and right forearm to wrist; when she was a right front passenger in a police vehicle when it collided with another vehicle. Prior treatment history has included physical therapy. Diagnostic studies were reviewed. Chiropractic note dated 03/11/2014 states the patient had subluxations at the right and left sacroiliac, sacrum, L5, T8, T4, T1, C7, C6, C4 and C2. She had joint fixation, hypomobility and end point tenderness were noted at those segments. There was positive muscle spasms in the left mid thoracic, left cervical dorsal, right mid thoracic, right cervical dorsal, right and left cervical, and sacral. Assessment is the patient is noted to be making good progress and improving with treatment. She will continue with treatment and followup as recommended. Progress report dated 03/06/2014 indicates the patient completed 6 sessions of chiro therapy which offered her relief of symptoms. She still experiences neck pain, worse on the left more than right and exacerbated by prolonged sitting or keeping her head rotated for a prolonged period. Objective findings on exam revealed Spurling's test produced neck pain. Muscle stretch reflexes are 2/5 and symmetric at the biceps, brachial radialis and triceps. There is tenderness to palpation of the mid cervical spine and along the cervical paraspinals and also along the upper trapezius, right worse than left. She was diagnosed with chronic neck and upper back pain; and myofascial pain. As chiropractic therapy has been effective for her, she is being prescribed 8 additional sessions to treat her residual pain. Prior utilization review dated 03/17/2014 states the request for additional Chiropractic therapy 2 times a week for 4 weeks in treatment of the neck and back has been modified to 6 sessions of chiropractic therapy and will be reconsidered upon receiving information requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic therapy 2 times a week for 4 weeks in treatment of the neck and back QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Manual therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chiropractic Guidelines.

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

**Decision rationale:** This patient has a date of injury of 06/02/2010. The patient's records indicate prior Chiropractic treatment and PT was utilized with some degree of improvement in functional capacity. The California MTUS guidelines recommend 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Although the patient's records document some improvement in the patients functional capacity with initial therapies, it is unclear this patient has been transitioned to a home exercise program with the goal of RTW as would be expected and recommended by the guidelines. Additionally, as the California MTUS guidelines recommend an allowance for a 6 visit trial within the first 2 weeks with up to 18 visits within 6-8 weeks. This patient is far beyond this time frame allowed/outlined by the guidelines; and therefore this request does not meet the guidelines requirement for continued treatment. The decision for additional 8 chiropractic treatment 2x week x 4 weeks is not medically necessary.