

<b>Case Number:</b>	CM14-0041278		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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, 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 female, 57 years of age, born on [REDACTED]. On 08/09/2001, her clothing became caught in a chair and she twisted, experiencing right-sided pain. On 07/12/2006, her condition was declared permanent and stationary for diagnoses of cervical/scapular strain, bilateral shoulder strain, bilateral upper extremity strain, right carpal tunnel syndrome, lumbosacral sprain, and right leg strain. The patient was seen in orthopedic consultation on 10/15/2008. Prior to the 10/15/2008 visit, she was last seen in the orthopedist's office in 12/2007 and had treated with several chiropractic treatment sessions in the interim. Following examination on 10/15/2008 she was diagnosed with 1. Cervical strain, 2. Bilateral shoulder strain, 3. Right carpal tunnel syndrome, 4. Bilateral upper extremity strain, 5. Lumbosacral sprain, and 6. Right knee strain. On 10/15/2008, the patient was reportedly experiencing a flare up, and chiropractic treatment at a frequency of 2 times per week for 6 weeks was recommended. The medical provider's PR-2 of 03/14/2012 is completed in difficult to decipher handwritten script, but diagnoses appear to be noted as cervical strain, right knee strain, lumbosacral strain/sprain, and possibly upper extremity strain. No measured objective factors were reported on 03/14/2012, and there was a request for chiropractic care at a frequency of 2 times per week for 4 weeks. The patient was also seen in orthopedic consultation on 08/28/2013 with complaints of pain in the upper and lower back, at times the pain radiating to the lower extremities, and at times numbness and tingling in both wrists/hands. On 08/28/2013 she was diagnosed with 1. Cervical strain, 2. Bilateral upper extremity strain with peripheral nerve entrapment syndrome, and 3. Lumbosacral strain. The patient reported prior benefit with chiropractic care, and chiropractic treatment at a frequency of 2 times a week for 6 weeks to the patient's spine was recommended. The chiropractic chart note of 10/28/2013 reports patient complaints of cervical and lumbar discomfort. No measured objective examination findings were

noted and diagnoses were reported as spinal enthesopathy, cervical segmental dysfunction, and lumbar segmental dysfunction. Treatment on 10/28/2013 consisted of spinal manipulation, diathermy, ultrasound/electrical muscle stimulation combination, and myofascial release. The medical provider's 02/19/2014 PR-2 reports the patient experienced a flare up of upper back pain and numbness, and right little finger and right scapular pain. By examination on 02/19/2014, guarding and tenderness to the paracervical/scapular region, right upper extremity weakness, decreased sensation right little finger, tenderness right volar wrist, and normal gait were reported. Diagnoses of cervical strain, lumbosacral strain, peripheral nerve entrapment syndrome bilateral upper extremities, and right knee strain were reported. On 02/19/2014, there was a request for chiropractic treatment to the right upper back at a frequency of 2 times per week for 6 weeks. There is a request for chiropractic treatment to the neck and upper back at a frequency of 2 times per week for 6 weeks (12 total sessions).

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

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

**Chiropractic treatment to neck and upper back, 2 x per week for 6 weeks (12 total sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**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.

**Decision rationale:** The request for chiropractic treatment to the neck and upper back at a frequency of 2 times per week for 6 weeks (12 total sessions) is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of neck and upper back conditions; therefore, MTUS guidelines are not applicable in this case. ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for the neck and upper back. The patient has already treated with chiropractic care on an unreported number of occasions without evidence of efficacy with care rendered provided for this review. The request for 12 sessions of chiropractic therapy for the neck and upper back exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. The Official Disability Guidelines (ODG): In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has already treated with chiropractic care on an unreported number of occasions, receiving chiropractic care since prior to 10/15/2008, 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 12 chiropractic treatment sessions exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. The request is not medically necessary and appropriate.

