

<b>Case Number:</b>	CM14-0044478		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine and Rehabilitation 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 44 year old male who was injured on 11/30/2011 when he fell while framing. He has received a left shoulder cortisone injection with little benefit. Diagnostic studies were reviewed and revealed cervical lordosis, multi-level degenerative disk changes, greatest at L5-6; small 2 mm T2-3 level and 1.7 mm at T3-4 level thoracic disc bulges on 03/13/2013. Progress report dated 08/13/2013 recommended in the treatment plan "Proceed with 6 pre-approved chiropractic treatments for flaring cervical pain." Pain at this visit was noted as 6-8/10. The treatment plan in a progress report dated 09/05/2013 also recommended "6 visits of chiropractic for flaring spinal pain." The authorization noted in the 08/13/2013 progress report is not included with the records provided, nor are note from the treating chiropractor. Progress report dated 09/18/2013 stated the patient complained of persistent pain in his neck, upper back and left shoulder. He also had pain over the lateral aspect of the shoulder. On exam, he had full range of motion of his shoulder that was "reasonably comfortable." He had no pain with supraspinatus testing but mild pain over the lateral aspect of the shoulder. Impressions were "myofascial pain/neck pain" and "rule out shoulder pain." He received two subacromial injections with steroid and Marcaine during this visit without benefit. Progress report dated 10/21/2013 noted the patient's cervical range of motion was 30% of expected, with pain noted as an 8/10. This was a decrement from progress report dated 09/05/2013, which noted cervical range of motion at 50% of expected; pain at that visit was also noted as 8/10. Request for authorization for chiropractic treatments dated 12/11/2013 noted that cervical range of motion was again 50% of expected, and pain at 7/10. Utilization review dated 12/13/2013 for "8 additional chiropractic and P.T. sessions" implied that the previously noted 6 chiropractic visits had already occurred at this point. Treatment was not authorized in part due to an "apparent lack of functional gains." On 03/13/2014, his treating physician recommended cervical ESI and acupuncture treatments, noting

that operative intervention was not recommended. [REDACTED] rated his pain as 7/10 at this visit. On exam, his cervical range of motion was 50% of expected. He had no focal deficits of the upper extremities and sensation was intact. He was diagnosed with cervical disc disease, thoracic disc disease, left shoulder arthropathy/labrum tear, headaches and essential tremor. It was recommended he receive 8 additional sessions of chiropractic therapy "for the neck and thoracic"; and 8 visits of acupuncture for cervical and thoracic spine pain. He was also given a trial of Lyrica at 75 mg. Prior utilization review dated 03/26/2014 stated the request for chirotherapy was not authorized as clinical information provided did not meet preliminary guidelines.

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

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

**Chirotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Cervical and back section: Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Manual therapy and manipulation > Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Manual therapy & manipulation.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) regarding manual therapy state that such treatments are recommended for "chronic pain if caused by musculoskeletal conditions." It is noted that "treatment beyond 4-6 visits should be documented with objective improvement in function." With Chiropractic care, some outward subjective or objective sign of improvement should be present by the 6th treatment. In such cases, frequency should be 1-2 times per week for the first two weeks, followed by 1 treatment per week for the next 6-weeks, for a maximum of 8-weeks treatment duration, for a maximum of 10 visits over that 8-week period. Care beyond this may be indicated if manipulation is proven helpful in improving function, decreasing pain, and improving quality of life. The Official Disability Guidelines (ODG) recommends up to 9 chiropractic visits over 8-weeks for "regional neck pain". As noted above, the medical records documented fairly stable function cervical range of motion ranging from 30-50% of expected during a time which preceded and followed 6 initial chiropractic treatments. Pain was reported as a 6-8/10 throughout this time frame as well. Based on the MTUS and ODG guidelines and criteria, and given lack of significant subjective or objective improvement in provided documentation, the request is not found to be medically necessary.