

<b>Case Number:</b>	CM14-0062167		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Chiropractor and is licensed to practice in Texas. 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 injured worker is a 45-year-old female who reported a slip and fall on 10/22/2012. She reportedly injured her head, neck, shoulders, back, and hips. On 03/17/2014, she reported constant pain in her neck traveling to her bilateral shoulders, greater on the left than on the right, and to her hands, which she described as sore, aching, and dull. She rated her pain as 8/10. She reported that she felt occasional numbness, tingling, and weakness in her arms and hands. She stated that her medication helped reduce the pain to 4/10 for about 2 to 3 hours. She reported that she had a constant headache. She further complained of difficulty falling asleep, and waking up during the night due to pain, symptoms of anxiety and depression, weight gain and decreased energy levels. She stated that her pain was aggravated by prolonged sitting, standing, walking, repetitive bending, stooping, kneeling, twisting, lifting, carrying, pushing, pulling, and climbing. She stated that her pain was reduced with rest, activity modification, and heat. She further stated that she had been using a lumbar support and a TENS unit. Her diagnoses included displacement of cervical intervertebral discs without myelopathy, cervical radiculopathy, degeneration of cervical intervertebral discs, disorders of the bursae and tendons in the shoulder region, osteoarthritis of the right shoulder, bilateral neural foraminal stenosis at C3-4, C4-5, C5-6, and C6-7, right carpal tunnel syndrome, myalgia, and insomnia. Her medications included Ultracet, Naprosyn, Omeprazole (with no dosages given), and Cyclobenzaprine 7.5 mg. On 01/14/2014, due to a traumatic internal derangement of the right knee, she underwent a manipulation under anesthesia, an interior Synovectomy of the right knee, a partial meniscectomy, and an arthroscopic chondroplasty. On 11/21/2013, she had epidural steroid injections at levels C3-7. On 01/21/2013, she had an MRI of the cervical spine, which showed degenerative disc disease and protrusions from level C3 to level C7. On 11/12/2013, there is a record of her having undergone acupuncture treatments, but it is unknown the length of time or number of treatments

she received. On 12/11/2013 she reported that the epidural steroid injection of 11/21/2013 helped restore ability and function to her neck, reduced her arm pain by half and improved her ability to perform activities of daily living. A Request for Authorization dated 04/17/2014 was included with the documentation. There was no rationale included.

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

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

#### **4 Sessions of CHIROPRACTIC/PHYSIOTHERAPY REHABILITATION, THERAPEUTIC EXERCISE and MANUAL THERAPY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS recommends chiropractic for chronic pain caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The positive effects should be seen between 4 and 6 treatments with a frequency of 1 to 2 times per week for the first 2 weeks, and continued after that at 1 treatment per week for the next 6 weeks, with a maximum duration of 8 weeks. It is unclear in the submitted documentation if this is the initial course of chiropractic therapy for this worker, or if she had previous treatments. Additionally, no body part is specified for the treatment. Therefore, this request for 4 sessions of chiropractic/physiotherapy rehabilitation, therapeutic exercise and manual therapy is not medically necessary.