

<b>Case Number:</b>	CM14-0065449		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Board Certified in Chiropractics and is licensed to practice in New York. 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:

At the time of the industrial injury dated September 20, 2013 the applicant was a 30 year old male who sustained an injury to the neck while employed by [REDACTED] as a quality control technician. The applicant was leaning forward while using a microscopy his neck was in a fix position for a long period of time and he was using his right upper extremity repetitively. Four hours later he began experiencing an electrical cramp sensation in his right shoulder radating to his neck and head. Treating diagnosis is cervical sprain/strain. Thus far, treatment has consisted of medications, 8 authorized chiropractic treatments, acupuncture and physical therapy. The applicant has also been evaluated by a spine specialist. He is on a home exercise program. There is documented continued improvement in chiropractic treatment and acupuncture therapy. He is working regular duties. An MRI of the cervial spine revealed mild multilevel spondylolysis with no canal stenosis or foraminal impingement. There is a 3mm central disc protrusion with mild effacement of ventral cord. An incidental finding of a hemangioma at C5/6. Review of progres report dated 4/9/14 indicated the applicant does have continued subjective complains of cervical tightness after an extended period at his usual work. There were compalints of occasional radiuclopathy to right upper extremity. Examination revealed tenderness with spasm and guarding in right posterior lateral cervical msucles, near full range of motin with pain at the right posterior cervical area. There are no sensory or vascular deficits of the upper extremity. Reflexes are physiologic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3 x 3 weeks for the Neck:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 19th annual editions, Neck and Upper Back Manipulation-Cervical Strain.

**Decision rationale:** In a utilization review report dated 4/15/14, the reviewer determined the proposed three chiropractic treatments for three weeks to the neck did not meet the medical necessity of the MTUS guidelines. Reviewer indicated that that applicant was 6 months post date of injury and is working full duty. The reviewer indicated that the applicant has had physical therapy and chiropractic treatment x8 as well as a trial of acupuncture treatment x6. There were no clinical findings to indicate that additional chiropractic therapy would be of greater benefit than an independent home exercise program. The reviewer then indicated that the MTUS supports limited chiropractic treatment with rapid transition to home exercise progress, therefore the request was not medically necessary. Although, the MTUS Chronic Pain Medical Treatment Guidelines identify that manual therapy and manipulation would be recommended for chronic pain if caused by a musculoskeletal condition. The MTUS Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. The guidelines refer to the lower back. The ODG Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary for a cervical strain/sprain recommends a trial of six visits over 2-3 weeks with documented functional improvement. And a total of up to 18 visits over 6-8 weeks, avoid chronicity. The applicant has had 8 authorized chiropractic visits with documented functional improvement. The request for 3x3 weeks chiropractic treatment visits is within the guidelines and the original utilization review decision is over-turned. There has been documented functional improvement; the applicant is working as well as evidence of a home exercise program. Continued chiropractic treatment would be medically necessary and appropriate.