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| <b>Case Number:</b>   | CM14-0066220 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 08/20/2003 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 04/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/09/2014 |

### 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 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:

Upon review of the medical records provided the applicant was a 47-year-old female whom sustained an industrial related injury to the lower back, neck, right shoulder, wrists and forearms that occurred on August 20, 2003 while employed by the [REDACTED]. The mechanism of injury was indicated as being due to cumulative trauma and a broken work chair with subsequent slip and fall on November 3, 2003. Treatment to date has consisted of 14 chiropractic adjustments with physiotherapy, which were certified from dates 2/13/12-4/10/14, physical therapy and ergonomic evaluation. Diagnostic testing includes EMG/NCS testing of the upper extremities, which was normal. In a utilization review report dated 4/22/14, the reviewer determined that the proposed chiropractic adjustments/physiotherapy x6 to the cervicodorsal region and upper extremity was not medically necessary and therefore not granted. The rationale was that the review of records did not provide documentation that five treatments provided since 4/1/14 caused any restoration of function. This was based upon the MTUS 2009 Chronic Pain Medical Treatment Guidelines pages 58-60, manual therapy & manipulation chapter. The reviewer referenced a chiropractic PR-2 form dated 4/1/14 there was documentation that the condition deteriorated with marked pain and impairment in activities of daily living. Recent flare up due to dramatic increased in caseload. There were complaints of frequent moderate pain that could become severe in the right forearm, wrist and hand as well as neck pain and left to right arm paresthesias, occasional moderate headaches when neck pain is worse. There was increased pain with many of the activities of daily living. Diagnoses: chronic cervicobrachial syndrome, inflammation of forearm and brachial neuritis. There were 6 treatments over 30 days were requested consisting of chiropractic adjustments and physiotherapy to the cervicodorsal region and upper extremity. The reviewer referenced a chiropractic PR2-report dated 4/15/14 now the applicant had received 5 chiropractic treatments. There were subjective complaints to the hands

with an increase in symptoms after leaning on her hands to rise from a chair causing the wrists to extend. Pain was described as moderate increasing to moderate-severe. She is responding slower than expected. Examination findings revealed slight radial drift of the hand and marked dorsal, moderate tenderness to palpation in lower cervical spinal segments, right epicondyle and right hand/wrist. There was moderate tenderness to the upper trapezius, Levator scapulae muscle, cervical paraspinal musculature and active trigger points. There was moderate tenderness to the brachioradialis and wrist extensor musculature associated with edema. Wrist ranges of motion were restricted, cervical ranges of motion were mildly restricted, Soto Hall and Cervical Compression Testing was indicated as being positive. Mild weakness was indicated of right upper extremity due to guarding, mild tenderness of the left brachioradialis musculature. A diagnosis was given as chronic cervicobrachial syndrome, inflammation of the forearm and brachial neuritis. A request for 6 additional chiropractic treatments consisting of chiropractic adjustments to C6 spinal segment, cold laser and soft tissue mobilization over the next 30 days and off work. Upon review of a chiropractic examination report dated August 1, 2014 the applicant returned to the office on July 30, 2014. The encounter was to return the applicant back to work. The examining chiropractor felt that the applicant is at a level in which she can attempt to return to work. When the applicant performs tasks such as blow drying and brushing her hair and chopping vegetables she notices a cramping sensation to her fingers three and four on the right hand, forearm and light paresthesias to the cervical region. She was instructed to continue home based exercises and therapies. She was instructed to return to treatment if her condition deteriorates. No future chiropractic appointments were scheduled. In review of Chiropractic PR-2, form dated 8/1/14 a diagnosis was given as: chronic mechanical spinal pain syndrome defined as to cervicobrachial syndrome, inflammation of forearm and brachial neuritis. She was released to return to work, instructed to continue her home based exercises and therapies. There was no indication of she actually returned to work and she had continued to work. No future chiropractic appointment were scheduled or requested.

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

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

**Chiropractic adjustments/physiotherapy to the cervicodorsal region and upper extremity x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 48, 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines-Chiropractic Guidelines-Regional Neck Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter, pages 58-60 and CA MTUS Low-Level Laser Therapy Chapter page 57 Page(s): 58-60, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 19th annual edition, Neck and Upper Back Manipulation.

**Decision rationale:** The applicant was a 47-year-old female whom sustained an industrial related injury to the lower back, neck, right shoulder, wrists and forearms that occurred on August 20, 2003 while employed by the [REDACTED]. The mechanism of injury was

indicated as being due to cumulative trauma and a broken work chair with subsequent slip and fall on November 3, 2003. Treatment to date has consisted of 14 chiropractic adjustments with physiotherapy which were certified from dates 2/13/12-4/10/14, physical therapy and ergonomic evaluation. On a chiropractic PR-2 form, dated 4/15/14 a diagnosis was given as chronic cervicobrachial syndrome, inflammation of the forearm and brachial neuritis. A request for 6 additional chiropractic treatments consisting of chiropractic adjustments to C6 spinal segment, cold laser and soft tissue mobilization over the next 30 days and off work. The applicant had received 14 chiropractic adjustment and physiotherapy consisting of chiropractic adjustments to the C6 spinal segment, cold laser and soft tissue mobilization. Upon review of the medical records, industrial history, clinical presentation chiropractic treatment and work history into consideration, the request for 6 additional chiropractic adjustments/physiotherapy treatments over 30 days to the cervicodorsal region and upper extremity was not medically necessary. There was no indication that the prior 14 chiropractic treatments received based upon the continued subjective complaints and examination findings revealed any evidence of objective functional improvement. 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 guidelines do reference manual therapy and manipulation to the forearm, wrist and hand which is not sanctioned under the guidelines and not recommended. The requested treatment to the left upper extremity is not medically necessary. As per the Official Disability Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary Section for Regional Neck Pain, the recommendation is 9 visits over 8 weeks. The applicant has received 14 visits without evidence of any functional improvement. The guidelines also refer to cervical nerve root compression with radiculopathy a trial of 6 visits over 2-3 weeks with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks if acute and avoid chronicity and gradually fade the patient into active self directed care. Furthermore, the physiotherapy requested consisted of cold laser (low laser) therapy, which is not sanctioned under the CA MTUS Chronic Pain Medical Treatment Guidelines Chapter Low Level Laser Therapy, (LLLT). Low Level Laser Therapy is not recommended. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that of the treatment of most pain syndromes with low-level laser therapy provided at best the equivalent of a placebo effect. Therefore, the request is not medically necessary.