

<b>Case Number:</b>	CM14-0085907		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 injured worker is a 36-year-old female who reported an injury on 06/17/2008. The mechanism of injury was not provided. On 05/02/2014, the injured worker presented with ankle pain. Upon examination of the neck, there was pain to palpation over the C2-3, C3-4, and C5-6 facet capsules bilaterally secondary to myofascial pain with triggering and ropey fibrotic banding pain. There was a negative Spurling's maneuver and no pain with valsalva. Examination of the lumbar spine revealed a positive pelvic thrust to the right, positive Faber maneuver to the right, and pain to palpation over the L3-4, L4-5 and L5-S1 facet capsules. There was pain with rotational extension indicative of facet capsular tears, secondary to myofascial pain with triggering and ropey fibrotic banding and positive stork test. Diagnoses were chronic spinal pain of the cervical with upper extremity neuropathic dyesthesias, focal hand wrist pathology left, likely de Quervain's tenosynovitis, chronic spinal pain with lumbar radiculopathy, and chronic pain state with depression and anxiety. The injured worker is status post right greater occipital nerve root block as of 05/08/2013. The provider recommended chiropractic care for the neck and back. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care x4 Sessions Back and Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatments Page(s): 58-59.

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

**Decision rationale:** The request for chiropractic care x4 sessions for the back and neck is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. 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 injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy and the efficacy of the prior therapy. There is lack of documentation of the amount of chiropractic therapy sessions the injured worker has already underwent. Additionally, the provider does not indicate the frequency of the sessions in the request as submitted. As such, the request is not medically necessary.