

<b>Case Number:</b>	CM14-0015753		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury to the neck and right arm on 1-9-13. Previous treatment included physical therapy, chiropractic therapy and medications. Documentation did not disclose the amount of previous therapy. Magnetic resonance imaging cervical spine (2-15-13) showed multilevel disc disease with foraminal stenosis. Electromyography and nerve conduction velocity test bilateral upper extremities showed bilateral carpal tunnel syndrome with no evidence of cervical spine radiculopathy. In a PR-2 dated 11-11-13, the injured worker complained of pain to the neck and bilateral upper extremities, rated 7 out of 10 on the visual analog scale, associated with bilateral hand and finger numbness and tingling. The injured worker reported that ongoing chiropractic therapy sessions provided temporary relief. Physical exam was remarkable for tenderness to palpation of the cervical spine with decreased range of motion, decreased sensation at the left C5-C7 distributions, decreased upper extremity strength, positive Tinel's and Phalen's tests bilaterally and decreased range of motion to bilateral wrists. Current diagnoses included cervical spine herniated nucleus pulposus, cervical spine radiculopathy, disc space narrowing at C5-6 and bilateral carpal tunnel syndrome. The treatment plan included requesting authorization for medications (Terocin patch, Norco, Naproxen Sodium and Omeprazole), a general orthopedic consultation for bilateral wrists and hands, epidural steroid injections at C5-6 and chiropractic therapy twice a week for four weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions for the cervical spine 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Manipulation.

**Decision rationale:** The patient has received prior chiropractic care in the past. The total number of chiropractic sessions completed so far is unclear. The past chiropractic treatment notes were available in the records provided and were reviewed. These notes did not document objective functional improvement per The MTUS Definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but is silent on the cervical spine. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the cervical spine are not medically necessary or appropriate.