

<b>Case Number:</b>	CM14-0169463		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 (DC), has a subspecialty in Acupuncture, 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:

This 56 year old male sustained an industrial related injury on 12/04/2008. The mechanism of the injury was not discussed in the progress report submitted; however, the UR stated that the injury occurred while the injured worker was picking up a 650 pound load with a co-worker and the weight shifted causing pain to the right wrist and right arm. According to the UR, the injured worker was previously diagnosed with a cervical herniated nucleus pulposus, right wrist sprain/strain with subchondral cyst formation, psychological symptoms, cervical radiculitis, myospasm, lumbar radiculitis, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, and right elbow sprain/strain. Per the primary treating physician's progress report dated 07/11/2014, current objective complaints included intermittent achy pain in the neck, right shoulder, and right wrist, right shoulder stiffness, and sleep apnea as well as falling asleep at work. The injured worker rated the neck and right shoulder pain at a 6/10 and right wrist pain at 7/10 without medications or therapy which was decreased to 4/10 with medications only. The objective findings on exam revealed tenderness to palpation of the cervical spine with mild muscle spasm over the paraspinal musculature with decreased range of motion (ROM) with pain at the end range, and a positive cervical compression test bilaterally. The right shoulder was tender to palpation over the upper trapezius muscles with decreased ROM and pain at the end range, and a positive Neer's test. The right wrist revealed no tenderness to palpation, but there was decreased ROM in all ranges and both Tinel's and Phalan's signs were positive. Current diagnoses include cervical spine herniated nucleus pulposus, status post right shoulder surgery (unknown date or procedure), right wrist sprain/strain with subchondral cyst formation, and psychological symptoms. The only treatment to date noted in the clinical notes had included a previous right shoulder surgery (unknown date or procedure) and medications. There was no discussion of diagnostic testing or results of any testing. The request for authorization was not submitted for

review and there was no mention of the 8 of 8 chiropractic therapy 3 times a week for 4 weeks for the neck, low back, right shoulder and right elbow in the progress report (dated 07/11/2014). Treatments in place around the time the chiropractic therapy was requested included medications. The injured worker reported increased pain without medications and therapy. Specific functional deficits were not discussed or provided and there was only one report submitted. Activities of daily living were noted to be improved with medications. The injured worker was noted to be permanent and stationary, but it was indicated that he continued to work. Limits were not mentioned. Dependency on medical care had been unchanged. On 09/26/2014, Utilization Review non-certified a prescription for 8 of 8 chiro therapy 3 times a week for 4 weeks for the neck, low back, right shoulder and right elbow which was requested on 09/19/2014. The 8 of 8 chiro therapy 3 times a week for 4 weeks for the neck, low back, right shoulder and right elbow was non-certified based on the absence of adequate clinical information regarding whether the injured worker had previously received chiropractic/physical therapy and response to such therapy that may have been provided in the six years since the initial injury. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of 8 of 8 chiro therapy 3 times a week for 4 weeks for the neck, low back, right shoulder and right elbow.

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

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

**Chiropractic treatment/manipulations 3x/week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** It is unclear if the patient has had prior chiropractic treatments or if the request is for initial trial of care. Provider requested 12 chiropractic treatment which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition: Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). Per guidelines and review of evidence, 12 chiropractic visits are not medically necessary.