

<b>Case Number:</b>	CM14-0210502		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Physical Medicine & Rehabilitation

### 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 39-year-old female with an industrial injury dated 02/24/2009 and 09/20/2007-05/20/2009. Her diagnosis includes chronic musculoligamentous stretch injury, cervical spine and carpal tunnel syndrome, bilateral. She has been treated with chiropractic treatment, acupuncture, epidural injection and medications. In progress note dated 11/10/2014 the physician notes she is complaining of bilateral wrist and neck pain associated with weakness. Examination revealed tenderness in bilateral wrists and cervical spine. The physician is requesting chiropractic evaluation and treatment once a week for the neck, upper back and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment: 1 times a week for the neck, upper back, and lower back:** 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 & manipulation Page(s): 58-59.

**Decision rationale:** Based on the 11/10/14 progress report provided by the treating physician, this patient presents with low back pain, neck pain, and bilateral wrist pain with associated weakness/tingling. The treater has asked for CHIROPRACTIC TREATMENT: 1 TIMES A WEEK FOR THE NECK, UPPER BACK, AND LOWER BACK on 11/10/14. The requesting progress report dated 11/10/14 further specifies: "chiropractic evaluation and treatment once a week for six weeks directed to the neck, upper/lower back, and right shoulder. The patient's diagnosis per Request for Authorization form dated 11/10/14 is chronic musculoligamentous stretch injury lumbar spine without radiculopathy with acute exacerbation of pain. The patient is s/p an epidural injection three months ago with residual low back pain and neck pain per 11/10/14 report. The patient states that medications and use of IF 4 Unit at home has been providing relief from symptoms, but feels her condition has remained the same per 11/10/14 report. The patient is s/p 8 sessions of chiropractic treatment and 8 sessions of acupuncture treatment with unspecified benefit as of 11/10/14 report. The patient states that pain level without medication is 7/10, and with use of meds, it improves to 5/10 according to 9/24/14 report. The patient's work status is remain off work until 12/8/14." MTUS recommends an optional trial of six visits over 2 weeks with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, the patient has had 8 prior chiropractic visits which are mentioned in progress reports dated 11/10/14 and 7/3/14, but the reports do not document if they have been effective. In the progress report dated 11/10/14, the treating physician is requesting 6 sessions of chiropractic therapy for "evaluation and treatment directed to the neck, upper/lower back, and right shoulder." MTUS, however, recommends a trial of six visits with additional sessions requiring an evidence of objective reduction in pain and improvement in function. Review of reports dated 7/3/14 to 11/10/14 do not indicate that prior chiropractic treatment was helpful, nor does it document an objective reduction of pain or functional improvement. Hence, the request for six additional sessions of chiropractic treatment IS NOT medically necessary.