

<b>Case Number:</b>	CM15-0100848		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 8/28/14. She reported neck and mid back pain associated with headaches. The injured worker was diagnosed as having cervical strain due to whiplash and myofascial pain. Treatment to date has included acupuncture treatment, chiropractic treatment, activity restrictions and physical therapy. (CT) computerized tomography scan exam of head and cervical spine performed on 8/29/14 were unremarkable. Currently, the injured worker complains of mild to moderate pain in paracervical region, rated 5/10. She is unable to work due to the employer unable to accommodate modified work restrictions. She reports acupuncture treatment lead to a 30-40% reduction in pain and she is improving with chiropractic treatments. Physical exam noted restricted cervical range of motion which has improved since prior visit and diffuse tenderness in the cervicothoracic regions. The PTP is requesting 10 additional chiropractic sessions to the cervical spine, thoracic spine and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Chiropractic Treatment for the Neck, Thoracic Spine and Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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

**Decision rationale:** The patient has received 6 chiropractic care for her injuries in the past per the AME report provided in the records. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The acupuncture treatment records are present in the materials provided for review but the chiropractic treatment records are absent. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back Chapter recommend 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Shoulder chapter recommends a limited number of chiropractic care sessions to the shoulder 9 sessions over 8 weeks. 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." The past chiropractic treatment notes are not present in the materials provided for review. There has been no objective functional improvements with the care in the past per the PTP's progress notes reviewed. The requested number of sessions far exceed The MTUS recommended number. I find that the 10 additional chiropractic sessions requested to the thoracic spine, cervical spine and left shoulder is not medically necessary and appropriate.