

<b>Case Number:</b>	CM15-0168318		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Chiropractor

### 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 53 year old female, who sustained an industrial-work injury on 8-14-08. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical radiculopathy C5-6, herniated cervical disc, status post left shoulder scope x2, rule out recurrent rotator cuff tear, impingement syndrome, status post right hand carpal tunnel release, status post open reduction and internal fixation (ORIF) of trans-scaphoid perilunate fracture-dislocation, left wrist with concurrent carpal tunnel release, anxiety, and depression. Treatment to date has included medication, chiropractic treatment (4 sessions), facet blocks, and surgery. EMG-NCV (electromyography and nerve conduction velocity test) was reported to be positive for C6 and C7 radiculopathy as well as carpal tunnel syndrome on the right. Currently, the injured worker complains of ongoing neck pain radiating down to the left greater than right upper extremity, left shoulder pain, right elbow pain, and upper back pain. Facet block had decreased movement to the left. Per the primary physician's progress report (PR-2) on 7-31-15, exam notes cervical spine flexion is 40 degrees, extension is 50 degrees, rotation is 60 degrees to the right and 40 degrees to the left, bending is 30 degrees to the right and 20 degrees to the left, positive foraminal compression test and positive Spurling's test, and tenderness over the left side trapezius with spasms. Current plan of care includes continued chiropractic care and modalities to reduce pain and improve function and quality of life. The Request for Authorization date was 7-31-15 and requested service included Continue Chiropractic treatment 3 times a week for 6 weeks, cervical spine. The Utilization Review on 8-21-15 denied the request since prior (4) sessions gave 75 percent improvement and further sessions exceeds guidelines recommendations for treatment of this flare-up for the chronic condition, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines, Neck and Upper Back complaints.

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

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

**Continue Chiropractic treatment 3 times a week for 6 weeks, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The medical necessity for the requested 18 chiropractic treatments was not established. The claimant underwent 4 sessions of chiropractic treatment through 7/31/2015 with 75% improvement in range of motion. Upon peer review, the request for 18 treatments was modified to certify 4 additional treatments. I am in agreement with the previous reviewer that 4 additional treatment should be sufficient to address the claimant's complaints. The requested 18 treatments exceed medical treatment utilization schedule guidelines. Therefore, the requested 18 treatments are not medically necessary.