

<b>Case Number:</b>	CM15-0188072		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/26/2007
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: 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:

This 59 year old man sustained an industrial injury on 11-26-2007. Evaluations include cervical discogenic disease, bilateral wrist pain, and chronic fatigue syndrome. Treatment has included oral and topical medications and chiropractic care. Physician notes dated 8-11-2015 show complaints of neck and wrist pain. The physical examination shows decreased range of motion in the neck with pain in his neck and through to the shoulders with trapezius muscle spasms. There is wrist pain without evidence of carpal tunnel syndrome, numbness, or loss of feeling in any one dermatomal pattern. His memory seems to be delayed, tendon reflexes are equal, normal sensation, normal proprioception, normal gait, and "reasonable" strength bilaterally. The worker has returned to work full-time. Recommendations include Ritalin, testosterone gel, orthopedic consultation, chiropractic care, and follow up in four weeks. Utilization Review denied a request for chiropractic care on 8-26-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for neck and low back #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Acute & Chronic), Chiropractic Guidelines.

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

**Decision rationale:** Based on the 8/11/15 progress report provided by the treating physician, this patient presents with neck pain and right wrist pain. The treater has asked for chiropractic visits for neck and low back #12 on 8/11/15. The patient's diagnoses per request for authorization dated 8/26/15 are cervical discogenic disease, bilateral wrist pain, and chronic fatigue syndrome. The patient is s/p multiple surgeries to his head/face/neck/wrists per 8/11/15 report. The patient has intermittent pain in upper outer aspect of left orbit which occurs with certain facial motions and touch per 10/8/13 report. The patient takes Vicodin very rarely, and is regularly taking Ritalin LA 40mg to keep his chronic fatigue syndrome under control per 8/11/15 report. The patient's neck and wrist are not flaring up at this time per 8/11/15 report. The patient states that previous chiropractic care has been extremely useful per 8/11/15 report. The patient's work status is working full duty per 8/11/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of 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. The treater does not discuss this request in the reports provided. The current request is for 12 chiropractic treatment sessions to address the patient's neck and lower back pain. Prior chiropractic treatment has been helpful according to the patient, but there is no indication of the number of sessions or how recently the patient had them. While a trial of 6 visits would be indicated, the current request for 12 initial chiropractic sessions would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.