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| <b>Case Number:</b>   | CM15-0021798 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 10/04/2014 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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, Arizona  
 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 53-year-old female who reported an injury on 10/04/2014. The injury reportedly occurred when a box fell and struck her on the head, resulting in injury to her neck, shoulder, and lower back. Past treatments were noted to include physical therapy and medications. On 12/18/2014, the injured worker presented with complaints of neck pain with radiating symptoms to include neck and upper back pain rated 7/10 to 8/10 with radiating symptoms into the right upper extremity. Physical examination revealed decreased range of motion in the cervical spine in flexion and extension to 40 degrees. Her range of motion in the lumbar spine was normal. Her diagnoses included status post head trauma, cervical spine musculoligamentous sprain, cervicalgia, cervical spine radiculopathy/radiculitis, and lumbago. The treatment plan included chiropractic treatment to include supervised physiotherapy and acupuncture at 2 times per week for 6 weeks for a total of 12 sessions. A specific rationale for this request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with physiotherapy and myofascial release 2 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, manual therapy and manipulation are recommended to promote objective functional improvement and facilitate progress in active treatment programs for patients with musculoskeletal pain. For low back conditions, a trial of 6 visits is recommended initially and with evidence of objective functional improvement, a total of 18 sessions over 6 to 8 weeks may be recommended. The clinical information submitted for review indicated that the injured worker had mild range of motion deficits related to the cervical spine at her evaluation on 12/18/2014. Therefore, chiropractic treatment was recommended. The previous Determination Letter dated 01/06/2015 indicated that the request was modified for 6 sessions of chiropractic treatment. Two chiropractic therapy notes were provided for review. However, these notes were handwritten and the findings are illegible. A followup evaluation on 01/12/2015 indicated that the injured worker's range of motion in the cervical spine had not changed, as flexion and extension were still listed as 40 degrees. Additionally, she was noted to have decreased range of motion of the lumbar spine at this visit. As the injured worker was previously recommended for 6 chiropractic therapy sessions, evidence of objective functional improvement is needed in order to justify continued chiropractic treatment at this time. Additionally, the request for visits 2 times per week for 6 weeks is excessive, as it would not allow for appropriate reassessment prior to continuing with therapy. Furthermore, the request as submitted did not specify the body part being recommended for treatment. For these reasons, the request is not medically necessary.