

<b>Case Number:</b>	CM15-0028423		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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, Oriental Medicine

### 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 40 year old male, who sustained an industrial injury on 2/14/2014. The diagnoses have included cervical strain. Treatment to date has included conservative measures. The PR2, dated 1/22/2015, was handwritten and partially illegible. Currently, the injured worker complains of neck pain and stiffness, with numbness and tingling into the left lower extremity. Tenderness to palpation was noted to the cervical and lumbar spines. Current medications included Tramadol, Flexaryl, Colace, and Anaprox. Computerized tomography of the cervical spine (2/14/2014) was documented as normal. X-rays of the cervical and lumbar spines (2/14/2014) were documented as normal. Magnetic resonance imaging of the cervical spine (4/08/2014) was documented as showing early disc desiccation at C2-C3 to C6-C7 levels and focal central disc protrusion C3-C4. Magnetic resonance imaging of the cervical spine (1/13/2015) showed no significant disc bulges or central protrusions and early foraminal narrowing bilaterally at C3-C4 and on the right at C6-C7. Previous chiropractic, 6 visits between 10/08/2014 to 10/30/2014, was documented and SOAP notes submitted. On 2/05/2015, Utilization Review non-certified a request for additional chiropractic visits (x8, including exercise rehab with modalities, manipulation, and myofascial release), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 8 sessions of Chiropractic Care, 2 times per week for 4 weeks including exercise rehabilitation with modalities, manipulation, and myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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

**Decision rationale:** Regarding manipulation for cervical spine complaints, ACOEM Guidelines states using cervical manipulation may be an option for patients with occupationally related neck or cervicogenic headache. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. However, the guidelines make no recommendation on the chiropractic treatment frequency. Therefore an alternative guideline was consulted. The Official Disability guidelines recommend Trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement, total of up to 18 visits over 6-8 week is recommended. Records indicate that the patient's most recent chiropractic session was between 10/08/2014 to 10/30/2014. There was no documentation of objective functional improvement from the authorized visits. Therefore, the provider's request for an additional 8 sessions of Chiropractic Care, 2 times per week for 4 weeks including exercise rehabilitation with modalities, manipulation, and myofascial release is not medically necessary.