

<b>Case Number:</b>	CM15-0223212		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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 52 year old female who sustained an industrial injury on 08-07-2014. According to a progress report dated 09-23-2015, cervical spine pain was rated 7 plus out of 10 and radiated to the bilateral shoulders and increased with arm movements. Chiropractic care decreased pain mildly. Bilateral shoulder pain was rated 7 out of 10 on the right and 5 out of 10 on the left. Pain was described as burning and constant ache. Thoracic spine pain was rated 8 plus out of 10 and was frequent and sharp increased with stooping. Spasms were noted. Lumbar spine pain was rated 5 out of 10 and radiated to the right lower extremity. Chiropractic care decreased low back pain. Functional status with walking, sitting and lifting and carrying were unchanged from previous. Diagnoses included cervical spine sprain strain with C3-4 anterolisthesis C3-4, C6-7 spondylosis, degenerative disc disease, bilateral shoulder sprain strain, left acromion osteophyte, thoracic sprain strain multilevel degenerative disc disease, bilateral elbow sprain strain, bilateral lateral epicondylitis, bilateral wrist sprain strain, right severe carpal tunnel syndrome, rule out left carpal tunnel syndrome, lumbar spine sprain strain with right lower extremity radiculitis multilevel degenerative disc disease, spondylolisthesis L4-L5, L5-S1. Therapy requested included new chiropractic for the cervical, thoracic and lumbar spine and bilateral shoulders and shockwave therapy for the bilateral shoulders and bilateral elbows. Electrodiagnostic studies of the cervical spine and left upper extremity was being requested to rule out radiculopathy versus neuropathy. Work status included modified duties. If work restrictions could not be accommodated, the injured worker would be temporarily totally disabled. On 10-15-2015, Utilization Review modified the request for additional chiropractic therapy treatment for 12 sessions to the cervical, thoracic, and lumbar spine, and right shoulder and approved 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic Therapy Treatment for 12 sessions to the cervical, thoracic, and lumbar spine, and Right shoulder, 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Shoulder/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her cervical, thoracic, lumbar spine and right shoulder injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are 6. The PTP's (MD) treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter recommends up to 18 sessions of manipulation with evidence of objective functional improvement. The ODG Shoulder Chapter recommends 9 sessions over 8 weeks. The MTUS does not recommend manipulation for the shoulder. 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." There have been objective functional improvements with the care in the past per the PTP's (MD) notes reviewed however, the 12 additional sessions requested far exceed The MTUS and ODG recommended numbers. The UR department has reviewed the request and approved 6 additional sessions. I find that the 12 additional chiropractic sessions requested to the cervical, thoracic, lumbar spine and right shoulder to not be medically necessary or appropriate.