

<b>Case Number:</b>	CM15-0034731		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: 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 56 year old female, who sustained an industrial injury on October 1, 2011. The diagnoses have included bilateral upper extremity overuse, bilateral shoulder pain, poor coping and sleep disturbance. Treatment to date has included Chiropractic care, medication, work modifications, home exercise program and heat therapy. Currently, the injured worker complains of ongoing neck and shoulder pain associated with numbness and tingling of the bilateral upper extremities. She rated the pain a 4 on a 10-point scale. On examination, she has tenderness to palpation of the bilateral wrists and cervical spine. On February 3, 2015, Utilization Review modified a request for four sessions of Chiropractic care for the cervical spine, noting that the request for four sessions exceeds the guidelines recommendation of 1-2 visits of Chiropractic care for management of flare-up of symptoms. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of four sessions of chiropractic care for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care x4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 Page(s): 58/59.

**Decision rationale:** The CAMTUS Chronic Treatment Guidelines support 1-2 visits of manipulation for management of flare/exacerbation. The 12/22/14 PTP report documented the patient with a increase in pain and numbness and tingling into the upper extremities. The patient was reported suffering from repetitive strain syndrome. The treatment plan of 4 Chiropractic visits was reviewed in UR on 2/24/15 with a determination that the 4 sessions of Chiropractic care exceeded cited CAMTUS Chronic Treatment Guidelines that recommended 1-2 visit to manage, exacerbation. The determination reached was appropriate and consistent with cited CAMTUS Chronic Treatment Guidelines; the medical necessity to exceed guidelines was not provided leaving the determination to certify 2 sessions of Chiropractic reasonable and supported by reviewed document and guidelines.