

<b>Case Number:</b>	CM15-0039120		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 46 year old male, who sustained an industrial injury on October 25, 2013. He reported injuries to his cervical spine, right shoulder, and thoracic spine due to constant sitting and typing at a nonergonomic station. The injured worker was diagnosed as having cervical pain with radiculitis, right shoulder pain, and thoracic spine pain. Treatment to date has included acupuncture, chiropractic treatments, and medication. Currently, the injured worker complains of neck stiffness with arm pain and right shoulder pain with stiffness. The Primary Treating Physician's report dated January 14, 2015, noted examination of the cervical spine revealed tenderness to palpation with associated muscle spasms over the posterior paravertebral musculature, with range of motion (ROM) decreased and decreased sensation along the C6-C7 nerve root distribution on the right side. A MRI dated February 14, 2014, was noted to reveal a C5-C6 and C6-C7 4mm disc protrusion with bilateral intervertebral foraminal narrowing. The treatment plan included requesting authorization for another extension of a previously authorized C5-C7 transfacet epidural steroid injection (ESI), chiropractic care two times a week for three weeks for cervical spine traction, Anaprox DS, Neurontin 600mg, with consideration of right shoulder arthroscopy as the injured worker had failed injections and conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x3 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 1/14/15 report from the primary physician requested addition Chiropractic care, 6 visits in addition to another extension of a previously authorized C5-C7 transfacet epidural steroid injection (ESI), Anaprox DS, Neurontin 600mg, with consideration of right shoulder arthroscopy as the injured worker had failed injections and conservative care. Records reflect the patient receiving 24 prior Chiropractic visits with the primary physician not only reporting a failure of conservative care to improve the patients ADL's but to add additional Chiro care along with CESI. The CAMTUS Chronic Treatment Guidelines support continuing care with objective evidence of functional improvement, evidence of which was not provided at the time of this request. The reviewed records do not support the medical necessity to continue Chiropractic care reported as a factor in the failed treatment plan but also fail to be supported by CAMTUS Chronic Treatment Guidelines that require objective evidence of functional improvement prior to consideration of additional care.