

<b>Case Number:</b>	CM14-0118463		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Chiropractic Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65-year-old who injured her neck and upper back on February 26, 2013 while performing her duties as a bus driver. The mechanism of injury is documented as closing "the hood of the bus." Per the specialty physician's progress report the subjective complaints are described as follows: "Continues to experience more pain in the head, neck and right shoulder with radiation to the right arm." The patient has been treated with medications, physical therapy, epidural injection and chiropractic care with physiotherapy modalities. The diagnosis assigned by the PTP is cervical/CADS injury, thoracic sprain/strain and cervico-thoracic subluxation. An MRI study of the cervical spine has shown narrowing and desiccation of discs at C3-4, C4-5, C5-6 and C6-7 with a 1.5 mm annular bulge at C4-5 and a 2.4 mm posterior bulge at C6-7. The EMG study performed was negative and revealed a normal study for cervical radiculopathy and peripheral entrapment neuropathy. The PTP is requesting 6 additional chiropractic sessions to the neck and upper back with physiotherapy modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of additional chiropractic treatment / physiotherapy for cervical and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back; Lumbar and Thoracic.

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

**Decision rationale:** The patient has received many chiropractic care sessions per the records provided. The UR review report states 88 sessions received from 2013 to 2014. This claim cannot be verified per records provided. The progress reports provided from the treating physician do show objective functional improvement for prior chiropractic care, as defined by MTUS. 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." The MTUS ODG Chiropractic Guidelines Neck & Upper Back Chapter recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical spine. Therefore, the request for six sessions of additional chiropractic treatment/physiotherapy for cervical and thoracic spine is not medically necessary or appropriate.