

<b>Case Number:</b>	CM14-0119423		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation 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 69 year old female who was injured on 06/25/1999. The mechanism of injury is unknown. Progress report dated 01/07/2014 states the patient presented with complaints of continued stiffness and left hand pain. Objective findings on exam revealed cervical spine pain with spasm, stiffness, and positive Spurling's. The patient is diagnosed with cervical HNP. On 04/21/2014, the patient was noted to be making progress with chiropractic treatments but continued to have neck muscle spasm. She was also seen on 06/23/2014 and was noted to have increased pain, neck stiffness, and increased discomfort. On exam, he had positive Spurling's, positive trapezius and rhomboid spasms. She had decreased range of motion and positive for stiffness. The patient was recommended 12 visits of physical therapy and 12 visits of chiropractic therapy. Prior utilization review dated 07/09/2014 by Dr. Veltri states the request for 12 Physical Therapy sessions for the cervical spine is modified to certify 4 sessions of physical therapy to establish a home exercise program; and 12 additional chiropractic therapy sessions for the cervical spine (2x6) is not certified as it is not supported by current treatment guidelines. Records indicate that the patient was certified for 16 chiropractic sessions and 6 acupuncture sessions in 2014. Documents fail to show functional gain with chiropractic care. No PT was done in 2014 per record, therefore, 12 sessions of PT was modified to 4 sessions to establish a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for the cervical spine (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical therapy

**Decision rationale:** As per CA MTUS Chronic pain medical treatment guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Recommendation is 9-10 visits for myalgia and myositis, or 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. The requested 12 visits exceed the guideline recommendation, thus the medical necessity is not established for this request. The request is not medically necessary.

**12 additional chiropractic therapy sessions for the cervical spine (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, Manual manipulation

**Decision rationale:** Prior utilization review dated 07/09/2014 by Dr. Veltri states the records indicate that the patient was certified for 16 chiropractic sessions in 2014 but documents fail to show functional gain with chiropractic care. Guidelines indicate that request for chiropractic care, manual therapy & manipulations for recurrences/flare-ups require need to re-evaluate treatment success. Patient already had past chiropractic treatment. In the absence of documented significant improvement of pain and function, the request is not medically necessary.