

<b>Case Number:</b>	CM14-0140613		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 licensed in Chiropractic 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 66 year old female who suffered an injury to her neck, upper back and right shoulder on 8/18/2003. Per the PTP's progress report the chief complaints are sharp neck pains, dull/achy thoracic pain and right shoulder sharp and achy pain that radiates down to the right arm into the fingers. The patient has been treated with medications, physical therapy, home exercise program, acupuncture and chiropractic care. The diagnoses assigned by the treating chiropractor are cervical pain, thoracic pain and right shoulder pain. Diagnostic imaging studies are not available in the records. The PTP is requesting 3 chiropractic sessions to the neck, upper back and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Treatment Sessions To The Cervical/Thoracic Spine, Right Shoulder For 3 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual and manipulation Page(s): 58-59.

**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 and Shoulder Chapters. Manipulation Section MTUS Definitions Page 1

**Decision rationale:** It is not known how many treatment sessions the patient has received on this injury. The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The findings are recorded at the time of flare-ups in several separate occasions and progress notes that chronicle the improvement as the patient is treated are not provided in the records. 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." MTUS ODG Neck & Upper Back and Shoulder Chapters recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement," 1-2 visits. Specifically for the shoulder The MTUS recommends 1 visits or less plus self-directed home therapy. I find that the 3 chiropractic sessions requested to the cervical spine, thoracic spine and right shoulder to not be medically necessary and appropriate.