

<b>Case Number:</b>	CM14-0141853		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Texas. 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 injured worker is a 44-year-old male who reported an injury on 06/20/2013 when struck in the head by a car being lowered on a hydraulic jack. The injured worker was diagnosed with cervical sprain and strain, disc protrusion at C5-6 with moderate to severe neural foraminal narrowing, mild spondylosis at C3-4 through C6-7, and clinical right upper extremity radiculopathy. The injured worker was treated with acupuncture and trigger point injections. The injured worker had an unofficial MRI of the cervical spine on 01/16/2014, which revealed mild spondylosis and facet arthropathy at C3-4 and C4-5; C5-6 had a 2mm posterior disc osteophyte with decreased disc space height; and C6-7 had spinal stenosis, moderate to severe foraminal narrowing, and mild spondylosis. The medical records did not indicate a surgical history pertinent to the request. According to the clinical note dated 03/18/2014, the injured worker complained of headaches, right ear pain, and pain and stiffness to his cervical spine radiating down the right arm with numbness and tingling to the right upper extremity. The injured worker had tenderness to palpation over the para-axial musculature of the cervical spine, right trapezius, and right levator scapulae with spasticity. The injured worker was noted to have referred pain to the right arm and trigger point palpated over the right scapular region. The injured worker's range of motion to the cervical spine was noted as 43 flexion and 47 extension. The injured worker had decreased sensation over C5-C7 nerve roots on the right. The medical records noted the injured worker was not taking any medications. The treatment plan was for Chiropractic care, twice a month for 6 months. The rationale for the request was not provided. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 x per month x 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request for Chiropractic treatment 2 x per month x 6 months is not medically necessary. The injured worker is diagnosed with cervical sprain and strain, disc protrusion C5-6 with moderate to severe neural foraminal narrowing, mild spondylosis at C3-4 through C6-7, and clinical right upper extremity radiculopathy. The California MTUS Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic gains or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines state a time to produce effect of 4 to 6 treatments and a maximum duration of therapy of 8 weeks. Treatment beyond 4-6 visits should be supported by documented objective improvement in function. The injured worker's range of motion to the cervical spine is noted as 43 flexion and 47 extension. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating whether the injured worker has previously had chiropractic therapy, and, if so, the number of visits and the efficacy of prior therapy. The request is for a duration of 6 months, which exceeds the guidelines maximum duration of 8 weeks. In addition, the request for 12 sessions exceeds the guideline recommendations of an initial trial of 4 to 6 treatments. Furthermore, the request does not indicate the site for therapy. As such, the request is not medically necessary.