

<b>Case Number:</b>	CM14-0147454		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family 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:

This is a 46-year-old female who reported an industrial injury to the neck and upper extremities on 9/15/1997, over 17 years ago, attributed to the performance of her usual and customary job tasks reported to be the cumulative trauma of repetitive stress. The patient has received ongoing chiropractic care to the neck and back. The patient is also received all tram; physical therapy; transcutaneous electrical nerve stimulation (TENS) unit; ergonomic evaluation; gym membership; mattress; Treadmill for home use; interferential stimulation; Skelaxin; acupuncture; massage therapy; wrist splints; reflexology; traction; myofascial release; electrical stimulation; and thermal modalities. The MRI of the cervical spine was noted to document evidence of 1-2 mm central posterior C5-C6 disc bulge and minimal posterior C4-C5 disc bulge with loss of normal lordosis. The patient was reported to have a flareup of her neck pain radiating to the left upper extremity with decreased range of motion. The diagnosis was disc injuries cervical spine. The treatment plan included additional chiropractic care/CMT directed to the neck and upper back four sessions; electrical stimulation modality; mechanical traction modality four sessions; and myofascial release four (4) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulative Treatment to the Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

**Decision rationale:** The request for chiropractic care for the cervical spine and bilateral upper extremities (BUEs) for the diagnoses of sprain/strain over 17 years ago is inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines. The CA MTUS does not recommend chiropractic care for the upper extremities. There is no medical necessity for chiropractic care CMT to the BUEs for the sprain/strain symptoms. There is no objective evidence to support any chiropractic physiotherapy subsequent to the provided sessions of physical therapy (PT) as the patient is documented to have received more sessions of chiropractic care/CMT than is recommended by the CA MTUS for the cited diagnoses. There is no objective evidence provided to support the medical necessity for the concurrent provision of chiropractic care for the objective findings of TTP. There is no demonstrated weakness or muscle atrophy. The patient is noted to have prior chiropractic care directed to the neck and upper extremities; however, there is no documented sustained functional improvement with the previously provided sessions of chiropractic care. The request for chiropractic sessions is inconsistent with the recommendations of the CA MTUS and is not supported with objective evidence. There is no medical necessity for maintenance care for this patient. The patient should be working on strengthening and conditioning on her own in a self-directed home exercise program. There is no demonstrated medical necessity of the requested for additional sessions chiropractic care. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic neck and back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain or neck pain but not for chronic pain. The patient is not documented to be participating in a self-directed home exercise program for the treatment of her pain. There is no objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. The request for additional four (4) sessions of chiropractic care/CMT directed to the neck and BUEs is not demonstrated to be medically necessary. There is no medical necessity for the continuation of chiropractic care to the neck and upper back 17 years after the date of injury.

**Electrical Stimulation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

**Decision rationale:** Since there is no medical necessity for an additional four sessions of chiropractic care/CMT, there is no demonstrated medical necessity for the four (4) additional sessions of chiropractic care to provide electrical stimulation. The patient is documented to have a home TENS unit for electrical stimulation. There is no demonstrated medical necessity for the requested four (4) sessions of electro-stimulation.

**Mechanical Traction:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

**Decision rationale:** Since there is no medical necessity for an additional four (4) sessions of chiropractic care/CMT, there is no demonstrated medical necessity for to four (4) additional sessions of chiropractic care to provide mechanical traction. There is no demonstrated medical necessity for the requested four (4) sessions of mechanical traction.

**Myofascial Release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

**Decision rationale:** Since there is no medical necessity for an additional four (4) sessions of chiropractic care/CMT, there is no demonstrated medical necessity for to four (4) additional sessions of chiropractic care to provide myofascial release. There is no demonstrated medical necessity for the requested four (4) sessions of additional myofascial release therapy.