

<b>Case Number:</b>	CM14-0149149		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 57-year-old male born on [REDACTED]. On 08/27/2011, while employed as a forklift driver, the patient slipped on oil and fell, striking his back and head. The medical provider's final report of 07/08/2014 reports ongoing pain in the cervical spine and the head. The patient was diagnosed with cervical spine strain and non-healing fracture of the skull. The medical provider recommended 10 sessions of chiropractic treatment. The chiropractic narrative of 07/12/2014 indicates the patient presented on 07/21/2014 [sic] for evaluation and treatment of a work-related injury that occurred on 08/27/2011. The patient reported complaints of constant neck pain extending bilaterally over his shoulders and upper back and daily headaches. By examination, cervical ranges of motion were noted as: flexion 50/60, extension 30/50, bilateral rotation 60/80, left lateral flexion 10/40, and right lateral flexion 20/40; palpation elicited tenderness over the C4-7 vertebrae on the left and the C3-6 segments on the right, occiput inferior on the right; cervical paraspinal, trapezius and rhomboid muscle guarding bilaterally; hypertonicity of the sub occipital muscles, thoracic palpatory tenderness over the T1-T3 vertebral segments, orthopedic assessment of the cervical region suggested facet irritation and inter-segmental dysfunction, no obvious sign of radiculopathy, and neurologic assessment unremarkable. An MRI of 04/22/2013 was summarized as follows: 1, a 2 mm central disc protrusion at C6-7; 2, a loss of normal cervical lordotic curve; and 3, degenerative osteophytosis in the lower cervical spine. Cervical spine x-rays performed in the chiropractor's office were noted with findings of: 1, right inferior occiput; 2, loss of the normal lordotic curve; 3, a 2 mm retrolisthesis of C3 upon C4; and 4, mild degenerative changes anteriorly from C4-C7. The patient was diagnosed with: 1, cervical segmental dysfunction secondary to initial traumatic insult; 2, cervical disc protrusion; 3, cervicoccipital dysfunction resulting in cephalgia; 4,

thoracic segmental dysfunction, and 5, cervical myofascial pain syndrome. This review is regarding medical necessity for 10 chiropractic visits to the cervical spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ten (10) chiropractic visits for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Procedure Summary - Manipulation/ODG Chiropractic Guidelines Updated 08/04/2014

**Decision rationale:** The request for 10 chiropractic visits for the cervical spine is not supported to be medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines support a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity), based upon evidence of objective functional improvement with care rendered during the treatment trial. The patient has a date of injury on 08/27/2011. The chiropractic documentation provided for this review was limited to the narrative dated 07/12/2014, which reports the patient presented on 07/21/2014 [sic] for evaluation and treatment of a work-related injury that occurred on 08/27/2011. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered during a 6 visit treatment trial. It does not provide evidence of an acute flare-up after benefiting with prior chiropractic care, nor does it provide evidence of a new condition, and elective/maintenance care is not supported. Therefore, the request for 10 sessions of chiropractic care exceeds ODG recommendations and is not supported to be medically necessary.