

<b>Case Number:</b>	CM14-0149371		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/13/2014
<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, has a subspecialty in Acupuncture 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 59-year-old male with a date of injury of 10/16/2011. According to the progress report dated 6/11/2014, the patient complained of constant neck pain that was sharp and stabbing with radiation into the upper extremities. There was stiffness and spasm. In addition the patient complained of headaches associated with the neck pain. The patient also complained of bilateral shoulders, low back pain, right knee pain, right knee pain, and left knee pain. Significant objective findings include reduced range of motion in the cervical spine, tenderness in the cervical spinous process, and paravertebral muscle spasms. Cervical distraction, maximum foraminal compression, and shoulder decompression were positive. There was decrease sensation over the right C6 dermatome, and normal deep tendon reflexes in the upper extremities bilaterally. In regards to the shoulder exam, there was tenderness over the AC joint and bicipital groove. Muscle strength of the shoulders was abnormal in abduction, adduction, and extension. Shoulder range of motion was restricted with positive supraspinatus test bilaterally, positive impingement test bilaterally, and positive Apley's scratch test on the right. The patient was diagnosed with cervical spine herniated nucleus pulposus, right shoulder internal derangement, lumbar spine herniated nucleus pulposus, bilateral knee internal derangement, sleep deprivation, stress, anxiety, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic; 1 time a week for 6 weeks to the cervical spine and right shoulder:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Manipulation

**Decision rationale:** The official disability guideline recommends manipulation of the cervical spine. It recommends nine visits over a week's for regional neck pain. For moderate cervical strain, the guideline recommends a trial of six visits over 2-3 weeks; with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. Based on the submitted documents, there was no evidence that the patient had prior chiropractic care. Based on the guidelines, the request for chiropractic therapy once a week for six weeks is medically necessary.