

<b>Case Number:</b>	CM14-0169828		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 a licensed Doctor of 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 51 year old female who suffered an injuries to her neck, upper back, low back and both shoulders on 6/30/2014 as a result trying to assist a heavy patient to reposition on a bed. Per the specialty physician's report the chief complaints are "constant tightness and aching pain localized to the neck, with occasional radiating pain into the bilateral upper extremities. She does experience weakness in the right upper extremity. She complains of constant upper back and mid back pain which she describes as tightness. She complains of constant lower back pain which is greater than her neck and upper back." The patient has been treated with medications, home exercise program and chiropractic care. The diagnoses assigned by the treating physician are cervical sprain/strain with right upper extremity radiculitis, thoracic spine sprain/strain, lumbar spine sprain/strain and bilateral shoulder sprain/strain with impingement and tendonitis. An X-Ray study of the cervical and lumbar spines has evidenced diminished C5-6 and C6-7 disc height and a slight retrolisthesis of L4 on L5 with the L5-S1 disc height loss of 50%. The PTP is requesting 6 chiropractic sessions to the neck, mid back, lower back and bilateral shoulders with exercises, modalities, manipulation and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy with exercise, modalities, manipulation, myofascial release 2 x 3:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**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, Low Back and Shoulder Chapters, Manipulation Sections MTUS Definitions Page 1

**Decision rationale:** The patient has suffered injuries to multiple body regions. The chiropractic treatment records provided in the materials submitted for review present with objective functional improvements with the already rendered chiropractic care. The patient has completed 12 sessions of chiropractic care with positive results. Pain levels have decreased and range of motion has been measurably improved. 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." The MTUS and ODG Low Back, Neck and Shoulder Chapters recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement total of up to 18 visits over 2-3 weeks." The patient has completed 12 sessions and has shown measurable improvement. An additional 6 sessions as currently requested by the PTP will place the total of visits at 18. The 6 chiropractic sessions to the neck, mid back, lower back and bilateral shoulders with exercises, modalities, manipulation and myofascial release is medically necessary and appropriate.