

<b>Case Number:</b>	CM14-0180777		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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 injured worker is a 40 year old female who reported neck and back pain from injury sustained on 08/07/14. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with sub-acute musculoligamentous cervical, thoracic and lumbar spine sprain/strain associated with possible upper and lower extremity radiculitis. Patient has been treated with medication and physical therapy. Per medical notes dated 09/22/14, patient complains of neck, mid back and low back pain. She has completed 4 visits of physical therapy for neck and low back with some benefit. Patient reports constant moderate to severe neck pain located mainly posterior which goes to the top of both of her shoulders. She also has some bilateral forearm pain with some numbness and tingling intermittently in the palms of bilateral hands and arms. Patient complains of intermittent low back pain in the center and to the right side without any leg pain. Examination revealed tenderness to palpation to the paracervical and paraspinal muscles throughout the spine. Provider requested initial trial of 2X6 chiropractic sessions for neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2x6 weeks for Cervical, Thoracic and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 298-301.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; and Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175, 298, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Neck and upper Back complaints Chapter 8 page 173 - "Using cervical manipulation may be an option for patient with occupationally related neck pain and or cervicogenic headache". "Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than pain control alone". "There is insufficient evidence to support manipulation of patients with cervical radiculopathy". Per Occupation medicine practice guidelines chapter 12 page 298 "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy". "If manipulation does not bring improvement in 3-4 weeks, it should be stopped and patient should be evaluated". "For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved". Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2x6 Chiropractic sessions for neck and low back pain. ACOEM guidelines do not support chiropractic for neck pain with radiculopathy. Per official disability guidelines up to 6 visits are supported for initial course of Chiropractic care for low back pain with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.