

<b>Case Number:</b>	CM15-0007072		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/20/1997
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Chiropractic

### 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 female, who sustained an industrial injury on March 20, 1997. The mechanism of injury is unknown. The diagnoses have included lumbar degenerative disc disease, back pain, sciatica and spinal stenosis with neurogenic claudication. Treatment to date has included physical therapy, injection, electro-acupuncture, chiropractic care and medication. Currently, the injured worker complains of cervical pain radiating to the left shoulder with shooting that radiated into the right thumb, left thumb and index finger. The pain was rated a 6 on the 1-10 pain scale. The pain was described as sharp, numbness and aching. On January 5, 2015, Utilization Review non-certified chiropractic x 5 visits cervical spine and bilateral wrists, noting the California Medical Treatment Utilization Schedule and Official Disability Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of chiropractic x 5 visits cervical spine and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x5 Visits Cervical Spine and Bilateral Wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173, 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment

Index, 11th Edition (web), 2014 Neck & Upper Back/Manipulation. Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Forearm, Wrists, & Hand/Manipulation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper Back and Wrist & Forearm Chapters Page(s): 58-60. Decision based on Non-MTUS Citation Neck & Upper Back and Wrist & Forearm Chapters

**Decision rationale:** The patient has received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guides and The ODG Neck Upper Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Wrist, Hand and Forearm Chapter does not recommend manipulation for the wrists. 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 PTP describes some Improvements with treatment but no objective measurements are listed. Range of Motion records are absent and the pain levels described are reported to not have changed with ongoing care. The records provided by the primary treating chiropractor do not show objective functional improvements with the ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. I find that the 5 additional chiropractic sessions requested to the cervical spine and wrists to not be medically necessary and appropriate.