

<b>Case Number:</b>	CM15-0114119		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Chiropractor, Oriental Medicine

### 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 with an industrial injury dated 03/11/2014. Her diagnoses included cervicgia, cervical bulging disc, cervical degenerative disc, cervical radiculopathy, cervical facet joint syndrome and lateral epicondylitis. Prior treatments included H Wave, Aleve, rest and aquatic therapy. She presents on 05/03/2015 with complaints of pain in the bilateral aspect of the cervical spine with pain and numbness radiating into the bilateral upper extremities. Physical exam noted tenderness in the cervical spine with limited cervical and right upper extremity range of motion. There was also tenderness over the right elbow. Deep tendon reflexes were normal and symmetrical. Sensation to pinprick was intact. Tinel's test was positive at the right wrist and elbow. Cervical spine MRI (10/01/2014) showed at both cervical 5-6 and cervical 6-7 small right paracentral disc protrusions with mild thecal sac narrowing at both levels. Treatment plan included continue occupational therapy for right upper extremity, massage therapy times 8 sessions, chiropractic care times 8 sessions, home traction unit and trigger point injection. The treatment request is for chiropractic two times a week times 4 weeks - cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x week x 4 weeks Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Neck & Upper Back, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59. Decision based on Non-MTUS Citation ODG Treatment: Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Back to ODG - TWC Index (updated 06/25/15).

**Decision rationale:** The UR determination of 5/21/15 denied the request for an initial trial of Chiropractic care to the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical reports reviewed supported the medical necessity for initiation of manual therapy/manipulation but did not comply with referenced ODG Treatment Guidelines. The medical necessity to exceed referenced guidelines to certify 8 sessions of Chiropractic care was not found in the reviewed medical report of comply with referenced CAMTUS Chronic Treatment Guidelines or ODG Treatment Guidelines. Therefore the request is not medically necessary.